

**Surrey and Sussex Local Eye Health Network**

12th December 2016 – 10:00-12:00

The Boardroom

York House, 18-20 Massetts Road

Horley, Surrey, RH6 7DE

**Chair:** Sarah Canning

| **Present** | **Name** | **Job title / Organisation** |
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|  | Sarah Canning (SC) | Chair of the Surrey& Sussex LEHN |
|  | Gemma Michael (GM) | Business Support Administrator, NHS England |
|  | Amanda Marshall (AM) | Assistant Contracts Officer, NHS England |
|  | David Donner (DD) | Chairman, Surrey LOC |
|  | Beth Coward (BC) | GP |
|  | Lynn Stacey (LS) | Chair, West Sussex LOC Chair |
|  | Martin Russ (MR) | LOCSU Representative |
|  | Lauren Williams (LW) | EVS Regional Manager (South), Pocklington Trust |
| **Apologies:** | Gareth Jones | Project Support Officer, Surrey Downs CCG |
|  | Andy Cook | Sight for Surrey |
|  | Bob Hughes | Chief Executive, Sight for Surrey |
|  | Vinod Gangwani | Ashford & St Peters |
|  | Diane Gilmour | Service Redesign Manager, Horsham and Mid Sussex CCG |
|  | Steven Harsum | Eyecare Consultant, Epsom and St Helier University Hospital |
|  | Nic Demetriades | Chief Executive, 4sight |
|  | Mike Hedley | Contracts Manager, NHS England |
|  | Chris Newall | LOCSU Representative |
|  | Jane Leitch |  |
|  | Amanda Lewis | Brighton and Sussex University Hospital |
|  | Karen Osbourne | IGA |
|  | Daniel Brookbank | East Sussex Blind |
| **Apologies:** | Harry Whitburn | NHS Eastbourne, Hailsham and Seaford CCG |
|  | Heidi Chittenden | Ashford & St Peter’s Hospital |
|  | Dan Lindfield | Royal Sussex County Hospital |
|  | Christine Glanville | Action for Blind |

| **Agenda Item** |
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| **1. Introductions and apologies**  SC introduced the meeting and apologies were given as above. |
| **2. Conflicts of Interest**  None declared. |
| **3. Agree previous minutes and actions from the last meeting – 01/09/2016**  Those present agreed that the minutes were a true and accurate record of the meeting on the 01st September 2016.  **Action: GM to ratify and upload the minutes to the NHS webpage.**  **Actions - 01/09/16**  Action **3**. SC to take the issues back to Clinical Commissioning Groups (CCGs) regarding cross boundary referrals. **Update –** SC confirmed there is variation with the CCGS regarding referrals and that some CCGs will pay for treatment outside of their borders and some CCGs will not. SC acknowledged this can be confusing and difficult to address, although if CCGs commission similar services it would help to reduce the unbalance.  Action **6**. Establish some communication to circulate Local Eye Health Network (LEHN) recommendation to NHS Acute trusts Ophthalmologists. **Update –** SC has been in communication with secondary care clinicians and it has been noted that Mondays is a difficult day to attend the LEHN due to clinical commitments. This will be taken into consideration for future meetings. SC confirmed there is now an up to date list for those in post in secondary care.  Actions **7, 8, 9**. Hard to Reach Group and the circulation of the posters and leaflets. **Update –** GM had emailed Bob Hughes regarding this sub-group but has not received a response. LW told the group that West Sussex had a meeting regarding this topic and that it might be useful to contact Jane Bell.  **Action: SC to contact Jane Bell for information on the Hard to Reach population. GM to contact BH for an update.**  SC queried if there were any updates from the Local Optical Committee (LOC) with regards to the NHS.net emails. DD informed the group that there were no real problems but that there is now a requirement to do the Information Governance (IG) toolkit. MR confirmed that all new 2017/18 sub-contractors will insist new contractors do this IG toolkit. AM added that the Commissioning Support Unit partners have communicated that they will support optometrists to complete the IG toolkit.    All previous actions have been completed. |
| **4. Matters arising**  None declared. |
| **5. Update on Locally Commissioned services data**  SC presented a PowerPoint presentation to the group and the key points were:  SC refreshed the group on the remit of the Surrey and Sussex LEHN. It is an extensive area and the two priority aims is to improve access to eye health services and to reduce variation across the patch.  There are 13 acute providers with three hundred optometry practices in Surrey and Sussex. MR expressed there is also demographic variability as well as urban high density population.  SC acknowledged that trying to engage all those who should be involved with the LEHN to provide representation and to have a say on how eye care should be developed is a challenge.  Slide 8 gave the group an update on Extended Primary Care Services. The columns have been separated in East Sussex, West Sussex and Surrey CCGs with the different pathways that are being commissioned.  Direct Cataract referral has an uptake of 100%  Coastal West Sussex should have a tick in the column as they are providing Post Op Cataract Assessment. There is a proposal from Epsom and St Helier is interested as is Surrey Downs. SC stated she is keen to understand the potential barriers as it has been proven to be very safe and successful. LS expressed that the CCGs think they will end up paying for the service twice. BC stated that in order for it to work, some of the funding would have to be taken out of hospital.  Some of the consultants are very protective although it has been agreed that they retain the more difficult cases.    MR stated that it is a good idea, as refraction is also needed. Optical Coherence Tomography is also another barrier as a lot of opticians don’t have them.  SC stressed that this pathway is an obvious one to push forward and understand if these barriers are a true reflection of the issues or are they due to a lack of conversation. This could be a project to take forward.  With regards to the Glaucoma services, Repeat Intraocular Pressure (IOPs) has been commissioned across the entire patch. With the repeat visual fields, most of Surrey has commissioned this service.  SC confirmed there is variation of service and it would be an easy task to amend the contracts. SC stated that this again would be an obvious service to talk to CCGs about.  Glaucoma monitoring is a complex topic which will require a substantial amount of input; SC confirmed there will be a separate group to take on this subject.    West Sussex commission direct Wet Age-related macular degeneration (AMD) as does Guildford and Waverly. East Surrey does not commission this at the current time. Rebecca Hibbs is the contact to take this further but is on maternity leave. SC confirmed she will be attending the Surrey Collaborative meeting in January and will bring this topic up. |
| **6. MECS community optometry pathway**  Minor Eye Conditions (MECS) is moving at a quick pace. The MECS pathway has been commissioned at High Weald and Lewes and Haven. There is an existing service in Guildford and Waverly and Mid Sussex. Eastbourne, Seaford & Hailsham, Hastings & Rother, East Surrey and Surrey Downs are in the development stage and will commission this service early next year and Coast West Sussex is nearing completion.  BC informed the group that in North West Surrey there is some tension between local procurement and existing providers. SC asked if there is anything the LEHN could do, BC responded stating that the raising the profile that optometrists are useful people and that more work needs to be done on building the trust and relationships between colleagues. BS also thought that direct referrals into secondary care would be very beneficial.  MR explained that Eye Clinics and Consultants in hospital have only some idea of what MECS is which creates false barriers as the service should be understood and not simply based on assumption.  The group agreed that the table should be re-done annually as it will be interesting to see the difference.  A MECS report was produced and circulated in October 2015. It reported evidence and highlighted successful schemes elsewhere in the country. Also reported were the potential savings to CCGs and its effectiveness and safety. MECS is moving forward in lots of areas and change will be quick. There will be local accreditation for optometrists. Optomanager, the IT platform will give traceable data.  MR spoke of the difficulties employing optometrists in some areas. Salaries could be as much as £65,000 in these areas compared to £40,000 in London to employ the same individual.  SC informed the group of new optometry courses running out from Hertfordshire and Portsmouth. |
| **7. Sussex and East Surrey Sustainability and Transformation Plans (STP)**  The STP draft plans have just been released for Surrey and Sussex and there are four that are relevant to this network, Surrey and East Sussex, Surrey Heartlands, Frimley Heath, Kent and Medway.  SC read that NHS shared planning guidance for the next five years, outlining a new approach to help and ensure that health and social care service are built around the needs of local population and to do this every healthcare system in England will provide a multi-year sustain and transformation plan showing how local services will involve and become sustainable over the next five years ultimately delivering the five year forward view for better health and better care.  In terms of why the LEHN is in existence and how other partners get involved, SC stated that STPs will need to be developed with, and based upon, the needs of local patients and communities and command the support of clinicians, staff and wider partners such as local government. We cannot transform health and health care without the active engagement of the clinicians and staff who actually deliver it, nor can we develop care integrated around the needs of patients and users without understanding what our communities want and without our partners in local government. That is why we are asking for robust local plans for engagement as part of the STP process. Where relevant, areas should build on existing engagement through Health and Wellbeing Boards and other existing local arrangements.  SC confirmed with the group that she was not aware of any eye care involvement but agreed the STPs are still in the early stages. Most of the LEHNs have reached out the STPs and LW confirmed that eye health has not been mentioned. Diabetes is a hot topic within the STPs and eye health should link in with this pathway amongst others.  **Action: AM to contact Geraldine Hoburn who is the primary care senior reporting officer in order to establish communications.**  **Action: SC to try to make contact with a named contact for Surrey Heartlands STP Julia Ross, Surrey Heartlands STP lead).**  All agreed that it is all about pooling resources etc. along accountable care as this is what the STPs are working towards.  Surrey Heartlands has a different look to their STP plans with a more overarching view in moving forward. There have been lots of talks regarding devolution with taking the whole health and social care budget and working it out themselves.  Surrey Heartlands Academy will support training and structures. SC encouraged reading both STPs as they are very different.  AM expressed that whilst at the urgent care meeting Sussex wide group, they are looking for a long term vision.  **Action: AM to see who is leading in Primary Care.** |
| **8. National Strategies**  LW was in attendance from the England Vision Strategy (EVS) and has put together a portfolio of key indicators to record the delivery of key areas for eye health as it is an excellent way to monitor services and bench mark.  These were developed for the ophthalmic health community from Vision 2020 working under David Brown who is the LEHN Chair for London.  EVS agreed to pilot this in Kent and Medway for Deacon Harle who chairs the Kent and Medway LEHN. Some of the data was difficult to find and might still need changing during the year, this has been fed back to David Brown. Deacon Harle has had success on the results of this data as he was able to pressure change in regards to Children’s Vision Screening. It is evident what you measure gets to happen and a national template can induce pressure for change.  The indicator data is about the uptake of sight tests in 0-15 year olds and 60 years and over. The sight tests were measured on the General Ophthalmic Services (GOS) returns. The uptake on age only focused on two particular age groups and not all ages. The data proved by the GOS returns is solid data but there needs to be consideration that those over 60 who also have a history of glaucoma as patients could tick either box on the GOS form.  There are also broad population indicators for adult social care, public led framework and the NHS framework and these are all publically available. Data is captured form public domain sites and freedom of information requests etc. SC acknowledged that data capturing is poor in some of primary care but it is vital to have a starting point in order to measure future services.  LW announced that she would support this data capturing for Surrey and Sussex and that she would speak to a co-ordinator to make a start. BC informed LW that she might like to take a look at the Atlas of Variation as it is one of the biggest dashboards of over ninety indicators and starts depending on CCG areas.  **Actions: LW to look up the Atlas of Variation and to speak with a co-ordinator to start the data capture for Surrey and Sussex.**  A piece of work has been done by The Royal College of Optometrists focusing on uncorrected refractive error (URE). The study suggests that URE is an under estimated public health concern and adversely affects quality of life, impair education and increase the risk of falling in older people.  There is evidence of an association between economic status and how patients access eye care services. Studies also imply you are more likely to live with an uncorrected refractive error if you live in a deprived area.  The recommendations are to map a UK wide prevalence of uncorrected refractive error with uniform methodology. SC expressed she was not aware of any current projects to this and there needs to be the raising of public awareness and encourage national eye health campaigns.  A new certificate of Vison Impairment is out for consultation until the 03rd January 2017. LS highlighted a mistake on page 6 that referred to a paragraph on page 7 where the said paragraph is on page 8.  **Action: SC to feed this back.**  The Royal College of Ophthalmology has presented new guidelines for commissioning glaucoma. It is a very comprehensive document suitable for practitioners and health professionals to look after these patients. This will be discussed at the glaucoma sub group meeting on 7th March 2017.  The Clinical Council for Eye Health Commissioning (CCEHC) has produced a competency framework for professionals promoting community based services. Making skills for those involved in eye health of similar standards resulting in higher qualifications. Optometry is driving this process forward.  LW announced National Eye Work Week in October 2017. The big push is to get more people to have eye sight tests. MR thought this could be a PR opportunity and an incentive to get involved.  An East Sussex LOC meeting there was some communication for Vision Care Charity. They are looking for volunteers as there is a shortage of optometrists. |
| **9. Update from CCGs**  An update from Surrey Downs is that they will be looking to launch MECS & Glaucoma monitoring for stable patients as a 2017/18 project.  An update from Harry Whitburn was read to the group. With regards to MECS in Eastbourne, Hailsham and Seaford, there are thirteen practices and one domiciliary service confirming an expression of interest for signing up to the scheme. Four have signed up in High Weald and Lewes and six in Hastings and Rother with a further seven in Eastbourne.  There are 32 accredited optometrists in the area who have gone through the training. SC queried the accreditation for West Sussex and LS confirmed there is enough to start. MR confirmed on the whole Sussex is very good regarding commissioning. |
| **10. Formation of working groups**  SC felt that currently this meeting is about information giving rather than focusing on how to better deliver care pathways for eye health. She asked the group how they felt the LEHN could support the development of services in Surrey and Sussex.  All agreed that there be working groups specific to specific target pathways and the need to go to those who are listening and can make a difference.  SC agreed stating that whilst it is very useful to hold one large meeting where information can be shared, she was unsure that is achieves very much.  **Glaucoma -** The previous glaucoma sub group was waiting for guidance. There was some confusion over the necessary qualifications as it was unclear as to whose certificate was required, WOPEC or The Royal College of Optometrists.  **AMD -** The AMD pathway will be set up later on as it has become complex. MR told the group that a colleague had tried to put together a pathway for AMD but it became so complex. BC stressed that locally, this was the right time to do this.  SC thought that a barrier was that some consultants had a lack of trust in terms of when patients are discharged and the responsibility is returned to community optometrists. The group agreed that a template pathway is needed locally to reduce variation that is currently present.  **IT Platforms -** SC expressed that she was very passionate in making electronic referrals and shared IT systems much better but was unsure of where to start. LW suggested the adult and sight loss pathway to ensure the commissioners in primary and secondary care get together and discuss in detail the process. BC thought that optometrists should link in with the GP E-Referral.  **Action: MR to make some enquiries regarding Optomanager and E-Referrals.**  **Low Vision -** There is very little support for low vision across the area and lots of variation for people with sight loss and in particular the number of Eye Clinic Liaison Officers for patient support. LW suggested Ruth Osbourne the local action campaigning lead and local charities. SC agreed that that this pathway is a priority and that the engaging with the right people is vital.  **Action: LW to link up with SC to provide contact details.**  SC suggested a day event to kick start the projects by trying to get all those that may be relevant into one room. An England Vision Strategy event will be held on 16th February 2017 in the Brighthelm Centre, North Road, Brighton, BN1 1YD, 1pm-3pm. SC thought this was an excellent opportunity to have the next meeting.  **Action: SC and LW will communicate regarding the EVS event and the LEHN agenda.**  The next meeting after the EVS LEHN event will change from June 17th 2017 to June 06th 2017.  **Action: GM to change to organise this change and to add teleconferencing facilities.** |
| **11. AOB**  BC asked if there was an example guide for GOS services or perhaps a patient leaflet, SC responded that there are patient information leaflets available from the College of optometrists. |

Dates of Meetings 2017:

| Date: | Meeting Room: | Time: |
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| 12th December 2016 | The Boardroom | 10:00 – 12:00 |
| 16th February 2017 | The Brighthelm Centre, North Road, Brighton, BN1 1YD | 13:00 – 15:00 |
| 06th June 2017 | The Boardroom | 10:00 – 12:00 |

Ratified 06/06/17