

**Surrey and Sussex Local Eye Health Network**

01st September 2016 – 10:00-12:00

The Surrey and Sussex Room

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 |
|  | Mike Hedley (MH) | Contract Manager, NHS England |
|  | David Donner (DD) | Chairman, Surrey LOC |
|  | Bob Hughes (BH) | Chief Executive, Sight for Surrey |
|  | Fiona Crotty (FC) | Head Orthoptist, East Sussex Healthcare |
|  | Jackie Oxley (JO) | Administrator, ES LOC, WS LOC, PEC Sussex LTD |
|  | Liz Frost (LF) | Optometric Advisor, NHS England |
|  | Eleanor Burley (EB) | Head Orthoptist, Epsom and St Helier NHS Trust |
|  | Stephen Kill (SK) | Eyecare & Vision Manager, SeeAbility |
|  | Thurka Sivapalan | Chair, East Surrey LOC |
|  | Martin Russ (MR) | LOCSU Representative |
|  | Gareth Jones (GJ) | Project Support Officer, Surrey Downs CCG |
| **Apologies:** | Andy Cook | Sight for Surrey |
|  | Amanda Marshall | Assistant Contracts Manager, NHS England |
|  | Andre Litwin | Consultant Surgeon, Queen Victoria Hospital |
|  | Caroline Bedford | Finance, Guildford and Waverly CCG |
|  | Deacon Harle | Chair, Kent and Medway LEHN |
|  | Diane Gilmour | Service Redesign Manager, Horsham and Mid Sussex CCG |
|  | Geeta Menon | Ophthalmology Lead, Frimley Park Hospital |
|  | Lauren Pennington | Senior Commissioning Manager, North East Hampshire and Farnham CCG |
|  | Michael Wearne | Ophthalmology Consultant, East Sussex Healthcare Trust |
| **Apologies:** | Rebecca Hibbs | Project Manager, East Surrey CCG |
|  | Steven Harsum | Eyecare Consultant, Epsom and St Helier University Hospital |
|  | Nic Demetriades | Chief Executive, 4sight |
|  | Lauren Williams | EVS Regional Manager (South), Pocklington Trust |

| **Agenda Item** |
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| **1. Introductions and apologies**  SC introduced the meeting as the new Chair of Surrey and Sussex’s Local Eye Health Network (LEHN) and gave the group some information about her background and current positions in the NHS.  SC asked ‘what is the purpose of the LEHN and why has the network been established’.   * **Key points taken from her opening presentation:**   She explained that it was to widen the net further and to build a collaborative working group that identifies need in the local geographical area.  As the Chair of this network, SC expressed that she hoped to engage, enthuse and motivate to ensure there was equality across Surrey and Sussex.  The needs assessment started by Richard Broughton requires on going updates.  Training and support for community optometrists should be a workstream as should the integration between primary and secondary care.  Access to support for sight loss groups.  The importance to liaise with other LEHNs to share good practice.  Patient representative should be invited to sit on the LEHN.  Apologies were given as above.   * **Conflicts of interest declarations**   Liz Frost from the Borough Council of Epsom and Ewell expressed a conflict of interest. |
| **2. Agree previous minutes and actions from the last meeting – 14/03/2016**  Those present at the last meeting agreed that the minutes were a true and accurate paper from the meeting.  SC signed the minutes off to be ratified. All previous actions have been completed.  **Action: GM to upload the minutes to the NHS webpage.** |
| **3. Matters arising**  None declared. |
| **4. National Strategies**  The Clinical Council for Eye Care Commissioning is a group of professionals across ophthalmology and the colleges headed by David Parkins. The Primary Eye Care Framework was released in June.  **Action: GM to circulate the eye care commissioning report.**  The current push is to help with the demand of secondary care and to address some of the issues in creating more opportunities for patients to be seen in primary care. This is high on the agenda of lots of different groups and falls within the five year forward view.  The document is well evidenced and in summary focuses on an integrated primary care service looking at glaucoma repeat measures pathway, an enhanced cataracts referral linking into post-operative assessment audit and a minor eye conditions pathway.  Services are not uniform and can vary across KSS, DD stated that if pathways are similar, the contracts can vary and this can cause issues. GJ acknowledged these statements and confirmed that there are plans to hope to standardise these services across the South East.  Eastbourne and Hailsham and Seaford will pay for any referral regardless of the patients GP practice including the cataracts service. The group thought this might result in a one CCG having to pay for people outside of their areas more than other CCGS and would only be balanced out if all CCGs commissioned along similar lines. The group asked for some clarification from the CCGs.  **Action: SC to take these issues back to the relevant CCGs for clarification on how the services are funded.**  SC told the group that it would be really useful to produce a document on the 3 pathways from a list from both Surrey and Sussex, of practices that are currently signed up to identify any gaps in the services. MECS is not currently commissioned in some parts of Surrey and in Sussex as the pathways have only just been implemented. GJ told the group that North West Surrey, Surrey Heath and East Surrey have all launched MECS.  Surrey Downs has decided to delay MECS until next year due to financial reasons. The set up costs to potential savings that might be achieved are not deemed viable for this year, SC stated that there are no set up costs. MH thought it might be done to nervousness as they are cautious with the financial implications.  GJ thought it would help if there was some additional information. LF stated that it might be due to capacity.  **Action: MR to provide the information on MECS to GJ.**  Before the next meeting, SC asked if the group could formulate a database of working with the LOCs what provisions there are in place, what is about to be commissioned and where there are gaps.  **Action: SC to take this up with the LOCs.**  GJ told the group that Kingston has just procured and launched the 3 schemes and they will be a consultant led community service. SC expressed that this is the threat that high street optometrists could lose out to other tenders if other providers deliver these schemes.  The links to the guides can be found:  [The Royal College of Ophthalmology, the Commissioning of Ophthalmology Services](https://www.rcophth.ac.uk/standards-publications-research/commissioning-in-ophthalmology/)  SC met with Lauren Williams who cover the South for England Vision Strategy.  The eye needs health assessment report identifies the lack of Eye Clinic Liaison Officer (ECLO) support across KSS. BH confirmed that currently there is 1 ECLO that covers 6 hospitals but that this should treble by the end of the year.  There is a lack of provision for keratoconus in West Sussex, people experience corneal problems without specialist lenses. This is due to the lack of hospital services and any private practitioners that were carrying out the service have since retired. TS expressed that patients are at risk of visual loss without this service. All referrals are going to Brighton which is not ideal. |
| **5. Reports from current sub groups**   * **Glaucoma**   The aim is to try to develop pathways for repeat measures to reduce the numbers of referrals in for low risk patients or for the monitoring of stable patient back in the community, SC confirmed that across the country there have been schemes set up, some are successful and some are not. It is difficult to get right due to the investment required for the equipment, the training for the optometrists in the high street and the reluctance by the hospital consultants to let go of the control with their patients.  SC thought that to produce a complete glaucoma pathway at this stage by the LEHN is not achievable at this time. As this pathway is complex and difficult, the best place to start is to establish better repeat measures and terms of referral refinement. There is the suggestion that this should be commissioned within or alongside a MECS pathway as there would be greater uptake. Optometrists, who are already familiar with using the IT systems to refer in with MECS, are more likely to refer using the other pathways.  TS stated that she had an issue with repeat pressures service specification. The LOCSU guidelines state that patients are required to attend a practice twice. Once to have the puff test and a check using drops and another visit to have the pressures checked again.  DD felt that IT issues must be rectified before a pathway can be achieved.   * **Minor Eye Conditions**   The report presented to the group was put together by a previous sub group led by the previous LEHN Chair, Richard Broughton. The sub group no longer meets as it had reached a conclusion and a report was generated. This pathway has been welcomed nationally and locally, although there are some areas that are not convinced about the benefits of the MECS pathway.  One CCG has been identified as anxious to commission this pathway after speaking to a hospital trust. There is confusion over who would be legally responsible if something should were to go wrong, the group all acknowledged that the optometrist is always responsible.  There is work to be done by speaking to secondary care leads across KSS.  **Action: SC to establish some communication to circulate LEHN recommendations to NHS Acute Trust Ophthalmologists.**  TS spoke of the importance of patients being directed towards practices that provide MECS as these patients visit Accident and Emergency departments.   * **Hard to Reach**   A report has been put together by the Hard to Reach group and is ready for circulation. The group spoke about the potential agencies that it should go to and a number of suggestions were made; Care Homes, Optometrists, high street optometry practices, Age Concern, Social Services, Hospitals and Pharmacies.  **Action: Any suggestions on where this information should be circulated, to contact GM.**  **Action: BH and GM to liaise where this document needs to be distributed.**  The group agreed that the report should be made into a simpler format for distribution alongside the report and that this form should be a poster.  **Action: BH to put together a poster with information from the report.**  One of the barriers identified was the group of people whom English is not their first language. Brighton and Hove offer a free translation service. This service should be approached to seek information. It is on the East Sussex LOC website.  **Action: BH and DD to speak about this service to identify funding and where the services is offered and if this can be extended, BH to feedback to the group at the next meeting.**  **SeeAbility**  SK informed the group that SeeAbility supports adults with learning difficulties and who struggle to access eye care. Longer sight tests appointments are just one of the issues that need to be considered. Local Optical Committee Support Unit (LOCSU) created a pathway a few years ago to which 5 CCGs across the country have implemented. More recently, in Greater Manchester, 12 CCGs have commissioned the pathway. SK acknowledged that there is some difficulty ensuring all CCGs implement the pathway due to each having own agendas.  SeeAbility has produced an updated document for all LEHNs across the country summarising the issues, the work that has been done and what is hoped for the future. The future aim is a national programme on eyecare for people with learning difficulties, for optometrists to have the skills required to do the sight testing, and there to be allocated payments for the longer appointments etc.  In July 2016, there was an event in the House of Lords which was very successful in gaining support for the LOCSU pathway and the work of SeeAbility.  SeeAbility has also produced a report ‘delivering an equal right to sight’.  A further meeting will be held with David Brown from NHS England to speak on what needs to be done to ensure the pathway can go national.  **Action: SK to send GM all the links to be circulated. GM to circulate the SeeAbility documents.**  SC asked how many optometrists currently offer extended services. There is currently no formal register. LF had concerns about self-certification and the database that SeeAbility uses to signpost patients as she stated anyone could go on to the database. SK announced that there has not been any negative feedback from patients that have used the database.  **Action: SK to send GM the link for the database, GM to circulate this to the group.**  SK informed the group that SeeAbility in the last 3 years has also worked with children with learning difficulties particularly in special schools. SeeAbility is working with 9 special schools and has produced the 2nd annual review. SC stated there is a gap between when children enter adult care which can result in young people of 18, 19 or 20 still under child care services. All agreed that there was still much work to be done to support children with learning difficulties. A fully commissioned service will be a future piece of work for the LEHN.   * **Children’s vision**   FC told the group that the Children’s Vision Screening report has been completed and distributed.    Next year during 2017, the National Screening Committee will be reviewing the evidence around vision screening and will be updating the recommendations.  There is a lot work to be done to promote and to standardise national vision screening services. The onward care pathway (Wales) is currently different to the LOCSU children vison pathway.  It differs in that it is more flexible at local level and does not specify where onward care should care be provided because those pathways have not yet been commissioned.  An effective screening programme requires data to be audited and the Wales pathway is very clear in its stipulation about the feedback of data  FC informed the group that there has been no support with the commissioning of the pathway, the commissioning has now moved into local authorities who are not used to commission primary care services. Vison screening has a lot of catch up to do compare to other screening services. There needs to be clear onward care pathways, evidence to show it is cost effective and it will need careful auditing. There needs to be public awareness that children being able to access primary care and sight tests etc.  DD confirmed that East Surrey CCG is close to commissioning the children’s vision screening pathway using OptoManager systems which will capture data.  The national guidance states that every child should have a vision screening exam in school between the ages of 4-5 as part of the orthoptics lens screening programme. There are cases of where children have been turned away as not every optometrist is happy to see a child; DD has a database that will identify which optometrists are happy to see children. FC expressed that the LEHN should be promoting and recommending the nationally agreed pathways and try to influence the commissioners to adopt the pathway. |
| **6. Summary of current position and short, medium and long term objectives for the LEHN**  SC wanted to set some objectives for the LEHN so that a focus on priorities can be implemented.  **Short-term aims:**  Collecting data on where there are gaps in local commissioned services and how to bring those issues together to create an extended pathway. SC informed the group that she would contact the relevant stakeholders i.e. Local Optical Committees (LOC) and Clinical Commissioning Groups (CCG) to gather information and this will be circulated before the next meeting. GJ informed the group that he had some lists of data that would prove useful, as did JO from East and West Sussex LOCs.  **Action: SC to contact LOCs for data on commissioned services.**  **GM to circulate this data to group.**  **GJ to provide the lists of data relevant to this discussion.**  **JO to provide any data relevant to the discussion.**  With regards to Minor Eye Conditions (MECS), SC wanted to continue to support accreditation of optometrists and work with the CCGs where there are no commissioned services and secondary care eye casualty departments.  BH stated that a further Hard to Reach meeting is not necessary and that the poster and leaflets will be circulated.  Fiona confirmed that some publicity will be generated for children’s vision screening by airing on Good Morning Britain television programme in September; there will be discussion on the importance of a national screening initiative. Once this has been aired, FC thought that a short communication exercise could be sent to all CCGs to promote this vital workstream.  SC stated that this could be put on the agenda for the LEHN to support and to push forward.  **Medium term aims:**  SC stated that there are concerns regarding communications and where/who to address E referrals. The communications with Optomanager between CCGs and secondary care practices may continue but there is not interrelation between primary and secondary care. SC wanted to discuss this at the next meeting in December. E referrals will soon be the only method of referral via General Practitioners (GP) and there are concerns that GPs have yet to engage with optometrists.  MH informed the group that there has been a transition over from NHS.net to NHS 2 and his team are now able to set up NHS mail account. If an account is required, an email can be sent to [optometry.emailadmin@nhs.net](mailto:optometry.emailadmin@nhs.net) and a form will be sent to you and on return the account can be set up.  **Action: GM to send NHS mail account form to group for NHS set up if one is not set up already.**  **Long term aims:**  The glaucoma care pathway is very complex and needs further work to be able to put forward to the stakeholders for possible commissioning. This will be a long term goal for the LEHN and a sub group will be set up to support this workstream.  Age related and Macular Degeneration (AMD) and low vision services are all future workstreams. |
| **7. Any other business**  DD informed the group that a proposed service in Merton of post cataract scheme, they asked if OptoManager could link in with Medisoft, it has been confirmed that it can. MR confirmed that Optomanager can link in with any system but expense is an issue.  In regards to training to use OptoManager, GJ voiced that there was going to be an accreditation video, however, there are issues over Information Governance and storage concerns. |

Dates of Meetings 2016:

| Date: | Meeting Room: | Time: |
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| 12th December 2016 | The Boardroom | 10:00 – 12:00 |
| 06th March 2017 | The Boardroom | 10:00 – 12:00 |
| 12th June 2017 | The Boardroom | 10:00 – 12:00 |