

**Surrey and Sussex Local Eye Health Network**

6<sup>th</sup> June 2017 – 10:15 - 12:15

The Boardroom

York House, 18-20 Massetts Road

Horley, Surrey, RH6 7DE

**Chair:** Sarah Canning

<b>Present</b>	<b>Name</b>	<b>Job title / Organisation</b>
	Sarah Canning (SC)	Chair of the Surrey& Sussex LEHN
	Gareth Jones (GJ)	Project Support Officer, Surrey Downs CCG
	Harry Whitburn (HW)	NHS Eastbourne, Hailsham and Seaford CCG
	Claire Reed (CR)	East Sussex LOC
To 12:05	David Donner (DD)	Chairman, Surrey LOC
	Beth Coward (BC)	GP NW Surrey CCG
	Ruth Osbourne (RO)	Rehabilitation Officer Adult Services WSCC
	Martin Russ (MR)	LOCSU Representative
	Lauren Williams (LW)	EVS Regional Manager (South), Pocklington Trust
	Amanda Price (AP)	Commissioning Assistant NHS England
	Julie Currie (JC)	Commissioning Assistant NHS England
	Nic Demetriades (ND)	Chief Executive, 4sight
From 11:20am	Elizabeth Frost (EF)	Optometric Adviser
<b>Apologies:</b>		
	Gemma Michael	Business Support Officer, NHS England
	Amanda Marshall	Assistant Contracts Officer, NHS England
	Lynn Stacey	Chair, West Sussex LOC Chair
	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
<b>Apologies con't</b>	Steven Harsum	Eyecare Consultant, Epsom and St Helier University Hospital

Present	Name	Job title / Organisation
	Lauren Pennington	North East Hampshire and Farnham CCG
	Fiona Crotty	Head Orthoptist, East Sussex Healthcare
	Mike Hedley	Contracts Manager, NHS England
	Chris Newall	LOCSU Representative
	Jane Leitch	Consultant Ophthalmologist Epsom & St Helier
	Amanda Lewis	Brighton and Sussex University Hospital
	Karen Osbourne	IGA
	Daniel Brookbank	East Sussex Blind
	Heidi Chittenden	Ashford & St Peter's Hospital
	Joanne Cook	Eastbourne Hailsham & Lewes CCG
	Dan Lindfield	Royal Sussex County Hospital
	Christine Glanville	Action for Blind
	Eleanor Burley	Head Orthoptist Epsom and St Helier University NHS Hospital Trust

Agenda Item
<p><b>1. Introductions and apologies</b></p> <p>SC introduced the meeting and apologies were given as above.</p>
<p><b>2. Conflicts of Interest</b></p> <p>None declared.</p>
<p><b>3. Agree previous minutes and actions from the last meeting – 12/12/2016 and EVS South East Regional Event 16/02/17</b></p> <p>Those present agreed that the minutes were a true and accurate record of the above meetings.</p> <p><b>Action: GM to ratify and upload the minutes to the NHS England webpage.</b></p> <p><b>Actions - 12/12/16</b>  Actions 4 &amp; 6 carried forward, to be updated at next meeting.  Action 9 MR to make some enquiries regarding Optomanager and E-referrals. <b>Update</b> – MR reported that the first priority in line with nationwide demand is to use Choose and Book for electronic GP referrals, the second priority will be looking at other referral options before the end of this year. Given that not all GOS practices have Optomanager it is unlikely that 100% coverage will be achieved. The contract with Optomanager is being renegotiated leading up to renewal so this will give more scope to start looking at this.</p> <p>All previous actions have been completed as per attached updated action log.</p>
<p><b>4. Matters arising</b></p> <p>LW attended a hard to reach group meeting in Hampshire recently and will share the minutes with this group.</p>

<p><b>Agenda Item</b></p> <p><b>Action: LW to share notes from hard to reach group meeting in Hampshire with this group.</b></p>
<p><b>5. Update from Chair</b></p> <p>SC presented a PowerPoint presentation to the group and the key points were:</p> <p>SC provided an update on her recent engagements with Sustainability &amp; Transformation Partnerships (STPs)</p> <p>SC refreshed the group on understanding the STPs – to create footprints across the CCG area groups to produce a more integrated approach to delivering services, which up until quite recently has been at very high level but is starting to filter down to local level service models now. The group looked at 3 different STP footprints across the Surrey and Sussex – Sussex and East Surrey, Surrey Heartlands and Frimley Health. There is also the Kent and Medway STP which will have some influence across the boundaries.</p> <p>ND reported that he attended a Westminster health forum event last month in which the Manchester fully devolved model was discussed with some excellent learning to be shared.  <b>Action: ND to share transcript and notes from meeting with this group</b></p> <p>SC provided a summary of her contacts with the heads of each area as per attached presentation.  <b>Action: BC to provide input into the clinical aspect of Surrey Heartlands by making contact with ophthalmology contacts in key areas of primary care.</b></p> <p><b>Action: LW to share meeting notes from Gloucester work they have done over the last few years similar to the work going on with East Sussex Better Together</b></p> <p>SC noted that the LEHN is the ideal opportunity across the whole of Surrey and Sussex to share good practice.</p>
<p><b>6. Glaucoma Sub Group final report</b></p> <p>The group looked at the draft Community Glaucoma Services Sub Group Report, SC invited comments around the content/recommendations.</p> <p>Discussion took place around the repeat field's measure that currently takes place across all of Surrey but not Sussex. BC and GJ reported figures evidencing the value of glaucoma refinement repeat measurement indicating good evidence for deflection of referrals. Additionally, SC noted that there are a hidden number of un-referred patients not taken into account.</p> <p>SC noted that whilst the evidence is clear, there are barriers, as identified in the report and we need to push this with LOCs to encourage uptake.  DD noted that Surrey CCGs are not currently using the primary eyecare company route that has been set up which makes it easier for practices for practices to manage.  SC suggested that the success of the primary eyecare company, which ensures robust process for commissioning and improves uptake should be raised at CCG meetings.</p>

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RO raised the issue of ongoing management of glaucoma patients who are unable to manage their own eye drops and how they can be supported within the community. The group agreed that it would be a valid point to add to the report.

RO will be putting some of these cases to the Local Pharmaceutical Committee (LPC) meeting on 12 July and raising as part of National Eye Health week discussions in September.

**Action: ND to discuss with RO about one of their senior eye care advisers attending the LPC meeting**

LW noted that the International Glaucoma Association website [The Glaucoma Association](#) has further information

## 7. National Strategies

### Portfolio of key Indicators for Surrey and Sussex

LW from the England Vision Strategy (EVS), together with Thomas Pocklington Trust has put together a portfolio of key indicators – KPIs that came out of the Vision 2020 strategy to help us identify if there are any particular scenarios in Surrey and Sussex that are not working as effectively as they can and highlight any specific areas for the LEHN to focus on.

LW shared results from questions set by the Ophthalmic Public Health Committee that have been answered by about 8-10 areas nationally to date, specific questions may be updated and broadened further by the end of the year following feedback.

The group discussed the various aspects of Surrey and Sussex data captured:

Children's school screening – LW is liaising with social enterprise Central Surrey Health (CSH) who delivers this service in parts of Surrey to ascertain what data is being recorded.

**Action: LW to submit FOI request for no. 1 West Sussex data - % of school children screened.**

Diabetic screening service no. 2 – Sussex statistics are to be verified due to differing results.

% of uptake of NHS GOS sight tests – results indicated less than half of adults and less than a third of children are accessing this service, however group noted that only 1 year's data 2015-16 was recorded therefore not capturing a true reflection given the 2 year recall period. LW acknowledged that this provided a baseline but to gain an accurate figure it would have to be looked at again next year and compared against national trends.

Freedom of information request results provided information about specific services that CCGs commission – results required further clarification.

Follow up times – again results needed further investigation.

Certificate of visual impairment (CVI) – reasons for issue are not recorded on systems.

**Action: ND to send sight care adviser's 20 year database including CVI registrations to provide a snapshot of one area and track trends – to LW**

**Action: LW to amend 4i on Sussex data for Hastings and Rother – repeat (IOP) should**

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**state 'yes' and 4ii referral refinement service for Hastings and Rother should state 'no' as data from FOI was not entirely accurate.**

SC concluded that some of the areas highlighted are on-going pieces of work – glaucoma measures, children's vision screening pathways and ECLO provision and it would be interesting to measure outcomes again after a period of time to see if improvements have been made.

It was highlighted as a general issue that home educated and privately educated children are not closely monitored and there is a gap in service given that many parents are not accessing GOS. It was acknowledged that orthoptist-led screening to provide optimal coverage across all strands of education is being worked on and that orthoptists are keen to work alongside the LEHN to facilitate this although the responsibilities have not been defined.

EF noted that simply sending out some information to these groups may be helpful.

Low vision service – it was noted service definition may vary.

**Action: LW to add low vision service no.10 on Surrey data to include SASH commissioned services for low vision as added by ND**

### **Clinical Council for Eye Health Commissioning Low Vision Rehabilitation and Habilitation Framework**

SC attended this meeting representing the Surrey and Sussex LEHN and delivers an update around STP engagement and successful MECs pathways. The Low Vision Rehabilitation and Habilitation report has been shared and provided a useful framework for CCGs.

**Action: SC to share final document with group when it becomes available**

### **NICE guidance on AMD**

SC reported that draft guidance on management of AMD will be out for consultation between 13 June – 11 August; it encompasses all aspects of the pathway from referral to appropriate management and treatments. SC will be attending a workshop in July to provide input around models of care and outcomes. SC advised that this will be a paper for this group to consider how this fits into global eye care picture around moving services into primary care where appropriate.

**RCOphth Way Forward Paper** – SC advised that RCO has produced 4 different excellent resources on glaucoma, cataract, emergency eyecare and AMD available on their website. Seeability has recently sent out a report of eye care in special schools including updated data from their previous report.

## **8. Update from CCGs (ophthalmology priorities)**

DD asked GJ how optometrist's accreditation training video was working out. GJ explained that SDCCG are looking to potentially add a statement to the contract when it is renewed in August to sign an agreement that the video has been viewed, although potential governance structure obstacles have meant that they are now looking at putting video on members section of the LOC website instead so viewings can be monitored from there.

GJ added that SDCCG are looking to launch MECs and glaucoma monitoring as a 2017-18 project, and are considering a shared care model.

GJ will update at next meeting.

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<p>BC reported that in NWSCCG plans have been delayed with the intention to commission new services across the STP – to be re-visited.</p> <p>HW reported that East Sussex CCGs are looking to design a sustainable integrated pathway That will have effective communication and information for patients that will prevent deterioration and provide equitable access across CCG areas. Several work streams – diagnostic – supporting timely access, vision field test, OCT scans and increasing community provision of ophthalmology. MECs was launched in February 2017 – CR pointed out that the scheme has not been fully promoted with GPs and households as yet but HW explained that further communication needs to happen with their engagement team to allow for this. SC noted that PECs have engaged with eye casualty services within the 2 trust hospitals to work out a process of giving information to patients presenting at A&amp;E to be offered the MECs alternatives.</p> <p>They are reviewing RCO guidelines on glaucoma refinement with pathway redesign in mind and looking to improve ECLO provision. Also looking at provision for school age children and to intervene early and provide alternative to hospital for children with low vision.</p> <p>SC thanked all the CCGs for their input and key support for developing these pathways.</p> <p>AP added that information on local enhanced services is useful for NHS England contracting teams to reinforce the messages when visiting contractors and provide details of local CCGs  <b>Action: CCGs to give details of a suitable contact to NHS England for inclusion in their community eye care newsletter – to <a href="mailto:england.southeastoptometry@nhs.net">england.southeastoptometry@nhs.net</a></b></p>		
<p><b>9. Mapping of low Vision and ECLO provision across Surrey and Sussex</b></p> <p>SC highlighted two manageable projects to continue the work already done on looking at low vision and ECLO provision in the area and asked for volunteers to lead on this.  <b>Action: ND to lead a coordinated approach as agreed.</b> (ND is meeting with Bob Hughes in July and will discuss further)</p>		
<p><b>10. Integrated IT solutions across primary, secondary and social care</b></p> <p>It was acknowledged that Webstar are integral to taking integrated IT solutions forward.  <b>Action: MR to link with SC to look at local opportunities available.</b></p>		
<p><b>11. AOB</b></p> <p>None. Proposed dates for next meetings as below. It was agreed to keep meetings in Horley with dial-in facility.</p>		
<b>Proposed Dates of Meetings 2018:</b>	<b>Meeting Room:</b>	<b>Time:</b>
<b>22<sup>nd</sup> February 2018</b>	The Boardroom, York House, Horley	10:00 – 12:00
<b>20<sup>th</sup> June 2018</b>	The Boardroom, York House, Horley	10:00 – 12:00

Ratified 10<sup>th</sup> October 2017