



Directors Meeting Minutes

Date: 12th October 2017; 3.00pm

Location: Holiday Inn J7 M6

Attendees

Charles Barlow (Dudley), Peter Rockett (Wolverhampton), Peter Bainbridge (Sandwell), Dave Stevens (Walsall), Dan Sanders (Solihull),

Apologies

Ian Hadfield (Birmingham),

Conflicts of interest & MOU

All up to date

Minutes of the last meeting

Circulated by CB & In Dropbox

Agreed by all as correct

1. Matters Arising

- a. APR has sought advice from LOCSU about seeing young children and it is awaiting further clarification. APR provided written advise from Katrina at LOCSU - *As you know model pathway intends that MECS should be available to all ages - the only mention of age is that those under 17 should be accompanied by responsible adult.*
We think you have raised a good point and perhaps the next time the MECS module is reviewed we should consider including a lecture specifically on children. In the meantime, it would make a good topic for some local CET.
CB also raised with Nighat at the Urgency & Emergency Care pathway on MECS. Queried the childrens scenario and she confirmed that this has been raised by others due to the existence of pediatric pathways. Awaiting confirmation.
- b. Dan to follow up about the NHS Email address for the company and to remind the CCG that sub-contractor practices are not required to have NHS email addresses to carry out their duties under the contract. *Dan reports this is still ongoing. Dan has applied for a personal email address as a test and is still chasing this. Solihull have set this as an SDIP. To look at not just a general company email address, but also looking into NHS Email for referrals. This applies to GOS not just the PEC. Dan raised the problems of a group of GP practices in Solihull have turned off their Fax machines. APR reported that Wolverhampton CCG provide a list of GP practice email addresses. All agreed that moving all referrals to email was the goal ASAP and actions points to be developed regarding the role out.*
- c. Dan to contact OC about advice as to what our obligations are regarding translation and what do the CCG & NHS England do to provide translation. *Dan reports that the CCG's translators had gone out of business. Dan explained we have to have be able to offer translation when required, however if the NHS translation services can't provide the service it is not our responsibility. Dan said he would ensure that the policy agreed with the Solihull commissioners would be added to the dropbox. DSt reports Walsall offer a service. APR queried if it is available for MECS at 24hrs notice. Once again it was agreed that if the NHS translation services could not meet the needs of the services specification, then it was not the company's responsibility.*
- d. Dan to flag up the issue with a Balsall Common practice where there are repeated cases of patients claiming that their GP surgery is in Solihull when in fact it isn't. *Done, although Dan reports that it has highlighted a greater issue with GOS referrals and Direct referrals are being looked at.*
- e. Dan to use the recent issue with a cataract referral coming from a GP surgery to LOCSU head office as a positive reason to write to all GP practices to highlight the correct pathways of the service. *Same as above.*
- f. All to ensure that LOCs are provided with copies of the quarterly anonymized report given to the CCG that the LOC would store with their minutes. *Done*
- g. CB to circulate Divya & Was's suggestions for peer discussion and al directors to feedback urgently. *Done*
- h. CB to report back to the Outside Clinic that they can carry out IOPRM *Done*
- i. Dave to seek further advice from the Walsall commissioners regarding MECS on a domiciliary in the light of Wolverhampton refusal and concerns about meeting timescales. *No reply still*
- j. CB to follow up with LOCSU if the sub-contract is clear about the location of the provision of the service and CB to query with Gian that the instructions that come out from the company and Webstar does explicitly state that each branch needs to have a unique ID.
- k. *Intro pack says each practice has a contract. The Walsall sub contract first page state, "practice to which this contract relates". I have spoken to RK at LOCSU and he agrees it is not clear that a practice is defined as one single premises and that the subcontracts will be changed. We need to ensure that all intro letters also make clear that is one premises per practice. CB also spoke to Richard Knight who agreed the sub-contract needs to be re-worded to clarify this.*
- l. APR & PB to take advise form College and LOCSU and report back regarding concerns from Optoms about their limitation to liability and safe practice and have there been any legal cases arisen yet. *APR reported back a reply from Trevor Warburton - I'm not sure that I've seen one from a MECS in England, but I have*

All

Dan

seen a couple from PEARS in Wales and from the Scottish GOS - I think they were all alleged missed retinal tears or detachments as far as I recall. I've seen rather more of the same from GOS or private sight tests. If the appropriate questions are asked and investigations undertaken there is no more to fear from MECS that from GOS/private sight tests. Missed wet amd and glaucoma during a sight test are more common topics for claims or complaints.

PB reported that his reply was "if someone comes in with symptoms that require corneal investigation but they subsequently have a retinal detachment, then you are not responsible for not investigating for an asymptomatic condition. CB To send out clarification to all

- m. Each LOC to identify all practices in each CCG currently not a sub-contractor and see if any are branches of existing sub-contractors. Done

CB

2. Financial Reports

IH has provided a copy of the annual accounts and a spreadsheet of the bank statement and a report (see Appendix):

Unfortunately we did make a small profit of £20k on our turnover of £1,018,405 (2%) and it appears that that will attract a corporation tax charge of £406 - sorry!

I did include the additional training payments that were made to Wolverhampton just to push the turnover to more than £1m but that will not have affected the tax situation as it was paid in and straight back out again. It does, however, make the turnover look more impressive for presentation to the CCGs.

You will see, from Mike's last email that he suggests delaying starting to repay the loans until we have dealt with our ongoing training issues and the launch of any new services that we may gain via the forthcoming AQP in Dudley and tender in Birmingham.

I heard on Tuesday that the start of the Birmingham procurement is likely to be delayed until November at the earliest but, with a fair wind and a bit of luck it should be signed, sealed and delivered before the 17/18 year end so that we can spend the profits on the launch events, printing costs and delivering the message to GPs etc even if we have to pay a few bills up front before the work has been done.

- a. Management accounts – n/a
- b. Bank accounts – see appendix
- c. Annual Accounts – These were viewed and discussed. T/O has now exceeded one million £ with an operating profit of £20,040. The corporation Tax was low due to the carried forward losses of the previous years.
The directors commented that the payment of £100,776 to Webstar should mean that perhaps the service should be better.
The bank statement shows a current balance of £52538.33 and that over the five month period of the statement the cashflow shows positive gain of £18,146.20.
- d. Tax Liability & Repayment of LOC Loans. CB has contacted Alan Tinger (AT) for some advice on the management of the profit.
To repay the loans of £40,000 the PEC will need to make £50,000 of profit as it will generate corporation Tax before repayment of the loan.
CB queried if the LOCs could write off the loans, or turn them into long term loans, as under the MoU we are obliged to repay the loans as a priority. AT view was that yes the LOCs could vote to do both of these, however the LOCs act on behalf of all, whereas the PEC acts on behalf of some, therefore it was probably inappropriate to try to write off the loans. He advised that we should look at increasing the overheads, and then any future corporation Tax paid could be offset by future losses. In the long term we accept we need to make a profit to pay back the loans and then budget to make losses straight after to then claim the corporation Tax back. CB to query with Alan how many years we can carry back losses.
- e. Discussed increased overheads, in particular the costs to the company of the Directors & CG&PL. These should be the responsibility of the PEC, not the LOC, for the same reason as above (directors & CG&PL are not acting on behalf all LOC contractors).
This brought up the issue of payments to individuals by the company. Remuneration for their time is subject to the deduction of income tax (PAYE) and national insurance contributions (NIC if remuneration is above the threshold) – see appendix for LOCSU guidance.
PB confirms that when he examines for the College he gets deducted basic rate Tax.
- f. CB does not think that the current Sage package used by IH manages PAYE & NIC.
- g. DSA asked what other PEC companies are doing- not known.
- h. IH proposal to set up a standing order to pay back the LOCs was agreed to be a good idea.
- i. Proposed that the directors and CG&PL should be billing the company for the work they do directly for the company, specifically board meetings. Work directors do as LOC clinical leads for a service should continue to be billed to the LOC. All
- j. It was proposed that the Directors rate for meetings was to be agreed based on the LOCs rates for meetings and this should be agreed by email. The directors billing every quarter from their companies to avoid additional PAYE & NIC. All
- k. To manage the PAYE & NIC it was agreed that this should not be given as additional work for Ian, as it can be quite cheaply sub-contracted out. CB proposed that all directors get quotes for this from their accountants. ALL
- l. DSA queried if when remunerating CG&PL for their time and deducting PAYE & NIC, does this mean they attract employment status. It was believed that as long as they are billing for their time they cannot be considered to be employees.

CB

All

All

ALL

3. Education & Training

OSCES – PB reports last OSCES were not fully booked. PB raised the points that it is difficult to run the OSCES on a smaller scale. It was noted that SSavers run smaller sessions.

DSa queried do we need to put on at least one session per year – it was agreed that we needed to provide the option.

CB queried if it could be a combined session with CET or re-accreditation.

PB to query with WOPEC if there could be alternate structures to the OSCES to accommodate smaller locations.

PB

Other accreditations – APR raised the issue of MECS related CET points as it is part of the Wolverhampton contract that there has to be one MECS related point each year within the CET cycle.

PB wants to confirm how many points we are expecting and how this will be administered and do we need to put it on ourselves.

APR replied that at only one point a year (3 points over three years) it could be obtained quite easily, but thought that the company should provide some, hopefully coordinated across the region.

DSa asked how we know if it is MECS CET.

DSt stated Walsall are putting on their own and are expecting all in Walsall services to attend.

DSa asks how we store the info and share it.

CB asked if it could be supplied by performers and uploaded to Webstar.

APR talked about the issue of co-ordinated content across the region.

CB reported on the success of the Dudley&Sandwell MECS peer review which can be shared.

PB proposed that we do not (as the PEC) be responsible for providing the CET.

APR proposed that we co-ordinate the CET.

DSt that all CET officer should meet. PB proposed that one of the CET officers take responsibility for sharing CET.

APR said it is easy to share CET through the CET optics site.

CB proposed that the ROC needs to take this on board and sets up a CET group that the PEC can feed back to. In that way the CET is available to all.

4. Communications

1. Company website – CB showed Paul Sidhu's report on visits to website (see appendix). This may be of benefit to share with commissioners.

CB has had a discussion with Paul about Social media. Paul's advise is: *We would need to think about who are target audience is, practitioners or the public. Would the public ask questions about eye health and if so would we need to monitor constantly in case we need to direct them to the service urgently? It may be useful for communicating with practices but email and newsletters would reach more practitioners as there are many who don't use social media.*

It was agreed to make no changes and not embrace social media.

Minuted thanks to Paul for his work.

2. Posters / Leaflets etc – nothing to report.

DiSu at CG&PL session said a GP had requested that the patient leaflets should be printed with "just ask for a MECS appointment" over printed.

5. QIO / IG –

- Frequency of completion of QIO –

From the subcontract: The Subcontractor will, once every three years or as required by the Co-ordinating Provider, review its compliance with its obligations under clause 3.1(a) by utilising and completing the Quality in Optometry compliance checklists (either online or in paper format) with a copy of the results of each compliance check to be promptly submitted to the Co-ordinating Provider upon completion.

The part underlined was added to the original subcontract which originally stated that every three years was sufficient (as per GOS submissions and NHS England's cycle). This addition was done in order to provide the companies with more flexibility and to reflect changes in QIO deriving from changes to the Std Ctr.

It was agreed that as the co-ordinating Provider we would not be asking for frequency any more often.

Accreditation evidence required. APR asked how well this is being monitored. He will query with the CG&PL

APR

- Incident Log – due to Issues Raised at SWBCCG Directors Meeting. PB proposed we have a centralized incident log in dropbox. CB to loo it this and set up as required.

CB

CB to check who the company lead is on this as they will need to monitor.

6. AOB

a. x-border issues – from DSt

wants to know what is happening?

APR reports that whilst Wolverhampton practice were blocked from the service until they met the new service requirements, but out of area practices can still access the service.

CB confirmed that he spoke to LOCSU regarding the wording of the subcontract. As the original Wolverhampton sub-contracts terminated on the cessation of the original service new contracts have been

issued.

It was agreed that there is confusion as there are concerns that practices signing up for a subcontract should have received head contracts for each service. APR is concerned that all practices have not received head contracts for all the services in the area.

APR says that prevent training is going to be required by all.

Wolverhampton practices are having to do the QIO IGT

DSt queried why this is not built into Webstar,

APR & DSt are not sure if the received copies of head agreements with their subcontract. APR to check on this and to take this up with Gian.

APR

- b. The document from Richard Rawlinson regarding differences in services to be reviewed by CB and circulated to all directors ASAP. For eventual circulation to practices. CB
- c. Further service development – from APR written report:
- VR Training
 - Commissioner Meetings
 - Now include providers & commissioners, frank discussion on further service developments.
 - Plans for post op cat – difficulties mostly due to efficiency of current system.
 - Paeds
 - OHT – discussion of pros & cons OHT service, some issues (Optomanager communicating with WEI software), clinics often nurse-led so cost saving not great; important findings from IOP audit part 1; leading to realisation that 'pre-OHT' is a key service.
 - CAS = CLINICAL ASSESSMENT SERVICE – favoured model of CCG going forward to ensure referrals appropriate & contain correct data ... not in favour intermediate ophthalmology service – “like a virtual referral – does it need more workup before referral etc”
- d. APR raised the Birmingham situation. IH had provided a report on current status:
Debbie, Richard Rawlinson's voice (via a telephone link) and I met with Tom McKnight, Robbie McMullen and Frank Moore from Specsavers/Newmedica on 02/10/2017 to discuss possibilities around a combined bid for the forthcoming Birmingham Cross City and Birmingham South & Central CCGs tender for Community Enhanced Optometry and intermediate ophthalmology services (lots 1 and 2).

Whilst Newmedica do not currently have a presence in Birmingham they do run the ophthalmology services in Nuneaton and in numerous other places around the country. With around 120,000 patient interactions being provided from 30 sites nationwide. They do have a telemedicine platform via which optometrists are able to carry out diagnostic procedures for review by ophthalmologists and it might be possible to extend that to an ophthalmology presence at a number of suitably equipped optometry practices in the Birmingham area.

This was just an exploratory meeting and Tom McKnight will come back to us with proposals regarding future possibilities next week. Following that we will need to wait for the formal tender to be released (probably now delayed until November at the earliest) to work out whether anything of interest to PEC(HoWM)Ltd could be organised so that PEC(HoWM)Ltd might bid for the ophthalmology lot as well as the primary care optometry lot with Newmedica being a sub-contractor to the PEC.

- e. CB reported the Business Plan put to DudleyCCG board has been rejected on the basis of the financial modeling as not showing sufficient savings. LOCSU are helping to remodel this.

4.45pm Break for Refreshments

Invited CG&PL to remainder of meeting

5.00pm Clinical Governance & Performance Leads In Attendance

Attendees

Charles Barlow (Dudley), Peter Rockett, Jill Cheney (Wolverhampton), Peter Bainbridge, Divya Sudera (Sandwell), Dave Stevens, Aisha Jeewa (Walsall), Dan Sanders, Simone Mason (Solihull),

Apologies

Ian Hadfield & Debbie Graham (Birmingham), Sonia Tyrell (Dudley)

7. Reports

Walsall Presented by: David Stevens,

Service: Walsall IOPRR

- Activity stable**
JUNE 1st reading 9 2nd reading 6
JULY 1st reading 12 2nd reading 5
AUGUST 1st reading 26 2nd reading 2
- Performance of Service against Quality Requirements**
No outstanding issues.
- Performance of Service against KPIs; No issues**
- Outcomes of meetings with commissioners and/or other stakeholders;**

No issues now 3 monthly meetings.

5. **Anonymised analysis of subcontractor performance:** 12 month review took place on 15th June.

Easiest service to show savings as NICE guidelines have specific referral criteria.

6. **Subcontractor Performance Issues** ; No issues at present .

7. **Complaints**; Nil

8. **Incidents**; Nil

9. **Any other relevant information or queries for the board.** Nil.

Data is sent to CCG on monthly basis asked to send reports 3 monthly in line with CCG meetings , CCG yet to make decision. Ongoing training / lectures to be organised. Next training date 27th March Referral rates remain low.

Walsall Cataract Pre and Post

1. **Activity:**

JUNE Cataract 63 Pre 5 Post .

JULY Cataract 44 Pre 6 Post .

AUG Cataract 31 Pre 3 Post.

2. **Performance of Service against Quality Requirements;** No outstanding issues

3. **Performance of Service against KPIs;** No issues with KPIs .

4. **Outcomes of meetings with commissioners and/or other stakeholders** ; No Issues .

Post Cataract figures still low , CCG and ourselves to arrange meeting with Ophthalmology to see how service can be improved. Working with Mel Riley from Wolverhampton to look at referral statistics. Had meeting on 15th June with CCG and all Cataract issues are to be looked with Manor Hospital. No-one seems to know why the post op forms are not being given out.

5. **Anonymised analysis of subcontractor performance** ; 12 month review presented to CCG especially highlighted Questionnaire information showing patient satisfaction ratings .

6. **Subcontractor Performance Issues** ; No issues at present.

7. **Complaints**; Nil

8. **Incidents**; Nil

9. **Any other relevant information or queries for the board.** Pre cataract referral pathway was very similar to the existing pathway so no issues reported. Post cataract is now up and running but figures still low . Manor now putting Post Op forms into all patient notes so more activity expected , see note above. Patients still arriving having not been given post op forms , contacted Sister in charge of outpatients to see if all ophthalmologists are aware of how post op scheme works. Awaiting reply .Meeting with Manor , CCG and ourselves being arranged.

PB wanted to know if the trust are having the post-op fee deducted from the service.

AJ says there are new and old forms which does not help.

Service: Walsall MECS

1. **Activity:** JUNE MECS 420 and 43 Triage only.

JULY MECS 395 and 30 Triage only.

AUG MECS 359 and 25 Triage only

2. **Performance of Service against Quality Requirements;** No outstanding issues

3. **Performance of Service against KPIs;** No major issues with KPIs ,

Follow ups still greater than threshold of 5%. Agreed to monitor . CCG had wanted monthly meetings now happy to meet every 3 months as schemes have settled down. Walsall are required to submit Data monthly CCG looking at whether this could be done 3 Monthly in line with other areas. Still no reply from CCG despite chasing numerous times.

4. **Outcomes of meetings with commissioners and/or other stakeholders** ;

Direct referral to pharmacy scheme for issue of prescriptions is functioning well. Pharmacy scheme has been renewed on same terms (12 month scheme) so waiting to see if more pharmacy prepared to come on board.

CCG keen on Direct Referrals , Aisha and I pointed out not practical till NHS.net set up for All, but agreed to start looking at how this could work in view of services split between Walsall Manor and Wolverhampton.

Need to organise NHS addresses for all walsall GP practices so that Webstar can change from fax to email, same for hospital referrals.

Had Quarterly meeting with CCG on 15th June , presented annual report on performance of MECS and other services. Highlighted patient satisfaction and savings in visits to GPs.

Annual reports can be viewed in dropbox under Walsall Services Annual Reports.

5. **Anonymised analysis of subcontractor performance** ; 12 month review planned for end of April.

Will need to work with LOCSU to evaluate and show how MECS is performing. As Walsall has no A and E more difficult to show reduction in HES activity. Also need to show reduction of GP appointments, quality of service and emphasis patient satisfaction and convenience. This was done at June CCG meeting.

6. **Subcontractor Performance Issues** ; No issues at present.

7. **Complaints**; No issues at present.

8. **Incidents**; No issues at present.

9. **Any other relevant information or queries for the board.** Full year of training events planned.

Walsall has £5 payment for an appointment if not found to be eligible for MECS. Gian is finding out what there invoicing dept is recording as figures do not always tally with data I am given.

"Providers will be expected to effectively triage patients by telephone. However if a patient attends for an appointment with the pears service but is found not to be eligible for treatment , a payment of £5 can be claimed as long as accompanied by a complete patient record which details why the patient is not suitable for treatment."

Just undertaken review of all GP practice details practice names and Fax numbers are correct.

Just completed a mail out to all GP practices with posters , 50 MECS leaflets and summary of how service works to reinforce take up of MECS.

Have requested 3 monthly rather than monthly reports.
SM queried what the reports contain.

Wolverhampton Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton IOPRM

1. **Activity:** activity is down for year 3 compared to the first 2 years with around 650 episodes overall.
2. **Performance of Service against Quality Requirements;** 69% discharge rate past quarter.
3. **Performance of Service against KPIs:** No issues with KPIs.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** the new contract has coerced more practices to join so we hope to see the service grow (one practice has dropped out)
5. **Anonymised analysis of subcontractor performance:** no performance issues at present, likely to need closer monitoring with more practices involved.
6. **Subcontractor Performance Issues:** in the new contract, now 28 accredited practices – how much activity will we see from the reluctant ones?
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** training project has facilitated audit of referrals into glaucoma clinic and the fact that a large number 80%+ are inappropriate and/or incomplete.

Service: Wolverhampton Cataract

1. **Activity:** although activity fell in August, year 3 activity levels were over 33% higher than years one and two. DS asked if there were any strategies to account for this. APR said main work was audit.
2. **Performance of Service against Quality Requirements:** no issues, VA levels remain appropriate, questionnaire completion for this quarter nearly 100%.
3. **Performance of Service against KPIs:** no problems, see below.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** PEHOWM have successfully bid for the new 3/5 year contract with a plan by the CCG to develop post-op services as an SDIP.
5. **Anonymised analysis of subcontractor performance:** no performance issues identified, this is likely to be only fully established by audit.
6. **Subcontractor Performance Issues:** Practices now obliged to join all 3 services so this will lead to some issues inevitably.
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** see discussions on post-op service.

Service: Wolverhampton MECS

1. **Activity:** MECS activity has reduced from the last quarter and was actually slightly lower than the same quarter a year ago. We hope this is due to practices acting on the guidance on appropriate MECS activity.
2. **Performance of Service against Quality Requirements;** no significant issues or complaints, questionnaire completion slightly down at 82% this quarter.
3. **Performance of Service against KPIs:** no issues with performance.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** continuing positive relationship with discussion on future service development. MECS reporting now by quarter with emphasis on KPI & satisfaction, E & D.
5. **Anonymised analysis of subcontractor performance:** still in process of assessing responses to CG exercise, 2 practices likely to be visited after not attending training evening. 1 practice not meeting MECS timelines, others have responded to (sometimes firm) CG outcomes & shown reduced activity.
6. **Subcontractor Performance Issues:** appropriate activity will be theme of this contract. HES MECS audit of urgent referrals emphasized issues of appropriate referrals and referral timelines. Future issues include required involvement in meetings & practitioner development.
7. **Complaints:** no complaints this period, need to deal with adoption required complaints policy.
8. **Incidents:** no recent incidents.
9. **Any other relevant information or queries for the board:** issues with young children in MECS, liability in MECS, service development. Monitoring performance in 'out of area' practices needs discussion.
Re-acrediation discussed
Prevent Training Required

Sandwell & West Birmingham Presented by: Divya Sudera

Service: SWB IOPRM

1. **Activity:** Still extremely disappointing with an average of only 33 repeat episodes per month so far this year compared with the 79 expected by the CCG. An average of 12.5 second repeats per month and 5 with IOPs over 21 mm Hg at final repeat Optometrists have asked for more training but the only way to learn is to DO IT.
APR feels that training is a way of improving practitioner confidence and take up. DiSu reports good skills demo'd at OSCES by SSavers staff who had Goldmann training.
The average was swollen this quarter by the fact that 7 GP practices left SWBCCG and joined BSCCCG with one practice moving in the opposite direction on 1st April. Unfortunately the company was not advised of this until a couple of weeks ago.

We have spoken to the service lead from SWB CSU (Arden and GEM) and been advised to submit all claims for patients from those practices before the end of September. One practice suddenly submitted £2,250 worth of claims that he had been sitting on.

There is no guarantee that fees for those patients that no longer belong to SWB CCG will be paid. APR suggested that we should be provided with annula lists of GP practices by CCGs as they can change.

2. **Performance of Service against Quality Requirements;** overall discharge rate is acceptable and in the 85% range.
3. **Performance of Service against KPIs:** Just not doing enough and not enough practitioners prepared to appanate. The CCG report shows that only two or three practices are taking this service seriously whilst others seem to only bother to report and claim when they have nothing better to do.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** No complaints from commissioners who still appear to see the CRMs as being as much of an irritation as do our side, frequently arrive late for meetings and are always in a hurry to finish because another group is banging on the door of the meeting room expecting us to have finished. The CRM on 3rd August did go ahead but was mainly taken up by Liz Green telling us that she would no longer be looking after the services for the CCG, that Jess Glenn would be taking over from her and that Debbie and Divya should meet with Jess to discuss how the CRMs could be shortened. A date was arranged but subsequently cancelled.
5. **Anonymised analysis of subcontractor performance:** We regularly look at the stats and are happy with the outcomes but dismayed by the volume.
6. **Subcontractor Performance Issues:** None other than those outlined above
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** No

Service: Sandwell and West Birmingham Cataract

1. **Activity:** Very disappointing, still an average of only 49 per month so far this year whereas the CCG were expecting 186 per month based on previous years activity. Not known where the other 137 are being referred from or to. Last month only 38. DiSu not sure why. Is thinking of a questionnaire as to why practice doesn't do it. AJ recommended publicity to GPs to ensure they understand the importance of sending patients through the best pathway.
2. **Performance of Service against Quality Requirements:** High levels of satisfaction with most patients stating that they would be extremely likely to recommend the service. There have been cases where referrals have not been received from Webstar by the chosen provider.
3. **Performance of Service against KPIs:** no problems, last CRM on 1st August was again very short and everything was accepted without many questions. Liz Green has now relinquished her "leadership" of the service and been replaced by Jess Glenn who we have, so far, not met. Next CRM now rescheduled to November, no problems expected.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** Meetings with BXC CCG commissioners, Spamedica and Newmedica all of which have been reported to the board as they have happened.
Spamedica will be opening a new "eye hospital" in Birmingham early next year.
5. **Anonymised analysis of subcontractor performance:** This is still something not done in SWB but we must implement it soon.
6. **Subcontractor Performance Issues:** Service is seriously underused and we need to promote it to all contractors in the area. We can only assume that Sandwell contractors are still referring via GP whilst West Birmingham may be referring direct and receiving no payment. Nothing has changed but colleagues are saying that they would rather receive the lower payment for using the C1 referral system or no payment at all for using a GOS18 as the Webstar system takes too long to complete
7. **Complaints:** no issues.
8. **Incidents:** A few referrals did not go through until chased, is still happening. CB advised that this should be raised with LOCSU as waiting for a long time to respond and to log as an incident.
9. **Any other relevant information or queries for the board:** none.

Service: Sandwell and West Birmingham MECS

1. **Activity:** An average so far this financial year (6 months data available) of 458 per month if all follow-up and triage episodes are counted which is almost spot on the CCG estimated activity of 462 episodes per month which did include follow-up and triage which we are now reporting. Recent months have been down on 1st episodes and the income is not exactly improving but may get better as the dark nights arrive, fewer people will be on holiday and the public will find the time to start complaining about their eyes again. APR pointed out that in view of the size of the population (compared to Wolverhampton), then it would be expected that levels would be higher. DSt suggested distributing posters using the CCG delivery service to GPs and pharmacies.
The issue relating to GP practices having moved out of the CCG may have a major impact if services provided to patients from those practices are not paid for. We still await confirmation that the episodes carried out in good faith will be paid for. As is usually the case, SWB are being slow to pay their invoice for work done in August so it is not possible to say what the final outcome is going to be.
It was not possible to read the contract variation, finally received in late August whilst Ian was away, as it arrived as an embedded pdf which could not be opened because of the way that it had been attached and sent. It was only when the CSU chased up the expected signed copy they had asked for that we asked for clarification of what the variation was that the significance of the change became obvious with the contract value having been slightly reduced because of the practices whose patients can no longer be seen under the services
2. **Performance of Service against Quality Requirements;** No problems to report. Patient questionnaire completion has fallen to about 34% (April to Sept) which is much lower than last year but still fairly high compared with the average of less than 20% coming back for other services commissioned by the CCGs.

- SWB are very happy with the number of questionnaires being completed.
- Performance of Service against KPIs:** Minor issues with over referral with one practice seeing MECS as a way to get more patients into HES whilst the true purpose of the service is to keep them out.
 - Outcomes of meetings with commissioners and/or other stakeholders:** Already reported in the cataract and IOP reports.
 - Anonymised analysis of subcontractor performance:** Each month the activity levels and outcomes are looked at to determine whether any practices are particular outliers. In general the MECS activity coincides with GOS activity, both of which may, of course, be inappropriate given the area concerned.
 - Subcontractor Performance Issues:** No serious issues but sub-contractors are having some difficulty making changes to their contracts such as uploading new practitioner details. The Webstar platform does not make it easy for changes to be made.
 - Complaints:** no complaints this period
 - Incidents:** Still necessary to check that all referrals are reaching their destination with hospitals and GP practices either changing or switching off their fax numbers without informing the company.
 - Any other relevant information or queries for the board:** None.

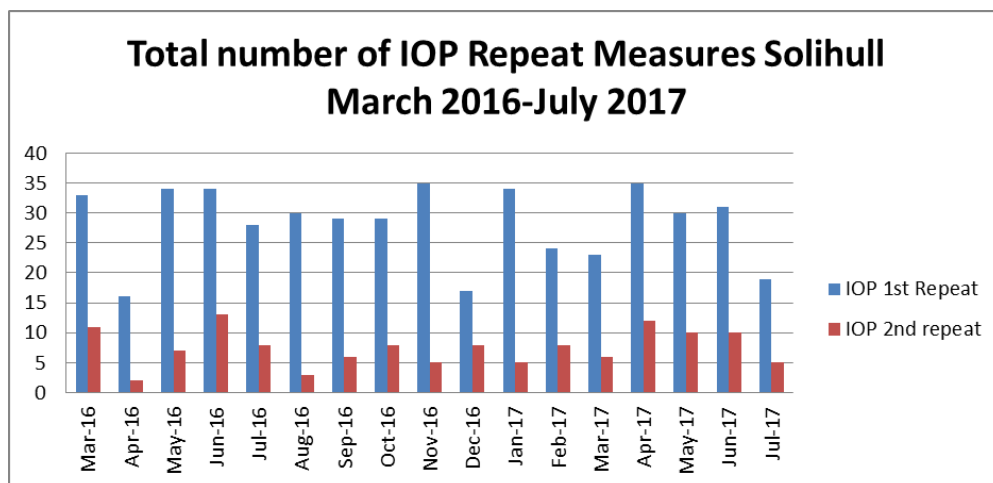
Solihull Presented and Produced by: Simone Mason
Service: Solihull IOP RM June – Sep 2017

1. **Activity:**

	IOP 1 ST	IOP 2 ND
June	31	10
July	19	5
August	19	4
Sep	35	8
TOTALS	104	27

CB pointed out that whilst activity is low, each deflection saves the CCG at least £130. This should be reported to the CCG.

- Performance of Service against Quality Requirements;** all CCG issues met for QiO & safeguarding, quarterly reporting to CCG, with next 8/2/18. Outstanding issues:- none.
- Performance of Service against KPIs:** No issues with KPIs.
- Outcomes of meetings with commissioners and/or other stakeholders:** This service has not been discussed in great detail at any meetings so far. Produced annual reports which can be viewed in dropbox under CCG Reporting /Solihull Services/ April 2017/ Annual Reports
- Anonymised analysis of subcontractor performance:** no analysis has been undertaken.
- Subcontractor Performance Issues:** Once sub-contractors can upload further evidence ie IOP certificates. CG &PL can recommend and chase WOPEC IOP certificates. Action: Chase Webstar on this matter. They are aware of the need to do this.
- Complaints:** no issues.
- Incidents:** no incidents.
- Any other relevant information or queries for the board:**



Presented by and Produced by: Simone Mason
Service: Solihull Cataract June – August 2017

- Activity:**
 - June 43
 - July 29
 - August 32
- Performance of Service against Quality Requirements;** all CCG issues met for QiO & safeguarding. No CCG Review until 8/2/18. Outstanding issues:- Sub-contractors from Solihull were able to upload a 'to follow' notice on Webstar in order to provide a greater number of uptake for this service. Action: We will CONTINUE to inform practices to complete the WOPEC Cataract modules and then they can upload the evidence. However, at the current time, they cannot upload further evidence. Level 2 QiO in by 24/3/17. Awaiting update on this from Divya and Debbie. Given until 31/12/17 to complete Cataract modules and make sure signed up to Direct cataract referral.
- Performance of Service against KPIs:** No issues with KPIs.

4. **Outcomes of meetings with commissioners and/or other stakeholders:**

Produced annual reports which can be viewed in dropbox under CCG Reporting /Solihull Services/ April 2017/ Annual Reports

From meeting 30th March (what was the outcome?)

Neil Walker also asked why some referrals for cataract were still going via the GP and also whether we could advise him as to the number of cataract referred through Webstar that do not actually result in the patient going on to surgery.

His inference was that the cataract direct referral service might be cancelled or, worse still, might not even be taken up in BXC and BSC if it could not be shown to be of benefit.

NEW PROPOSAL FROM CCG (NEIL WALKER)

Meeting held with Neil Walker on 31/8/17 to make an action plan for GPs directing all potential cataract patients to a local optometrist that is part of the Primary Eyecare contract for an agreed time.

Currently – emailed back with the following points:

They require clarification of the pathway - currently pathway in place where GP's can already send direct to an accredited practice.

Observations raised were - If a patient attends a GP - how would the GP know that a patient needs referring for cataract surgery without being told so by an optometrist?

If a patient was referred to the GP by a non-participating practice via a GOS 18, then the GP sends the patient on to a participating practice to complete the referral, how could the 2nd optometrist complete the referral without doing a Sight test. Patient then may have to pay twice (if private) or an NHS sight test would have to be claimed - with a code?

Currently the Service Specification for Solihull section 3.2.3 reads 'Practitioners will be required to have performed a sight test as required by the Opticians Act either paid for privately or through GOS. This should include dilated fundus examination where necessary". Therefore, if Gos 18 is being received from a GP or non-participating practice a GOS 1 coded 5.1 would need to be agreed in principle by the CCG.

We are actively finalising the remaining practices to be involved in the service. Apart from ASDA and TESCO. There may always be a need for GOS 18, i.e Locums, TESCO Opticians/ASDA opticians, patients who cannot have general anaesthetic, etc

An agreed protocol across the board will need to be put in place

Chair of the Solihull LOC copied in and invited to Review meeting 31/8/17

Action Plan from this meeting:

Of all the cataract procedures performed for the CCG 46% (1225) are conducted from a GP referral and only 15% (400) through the current Cataract service commissioned in 2016, the remaining 39% are from other sources (mainly from consultants within the service)

The question posed is why is the GP figure so high given there is a service in place?

We discussed the heritage scheme, and out of area referrals for patients with a Solihull GP who are seen elsewhere.

We need to establish if there is a high number of non-participating practices and if so would this give such a high figure ? Could this high number relate to Tesco's, Asda and VE (plus independents)

Are the numbers really that disproportional? Neil appears to feel they are and if so what can HoWMPEC do to mitigate and correct this?

Richard Rawlinson set an action plan:

- Establish the activity of the C1 Scheme (I have seen the communications from Ian)
- Audit GOS 18 activity through the referral centre – Lyndon Place – emails sent
- Speak and present to GP's
- Discuss with Non participating practices
- Ensure locums of participating practices are internally referring
- Ensure out of area practices are participating if they have a large number of Solihull patients

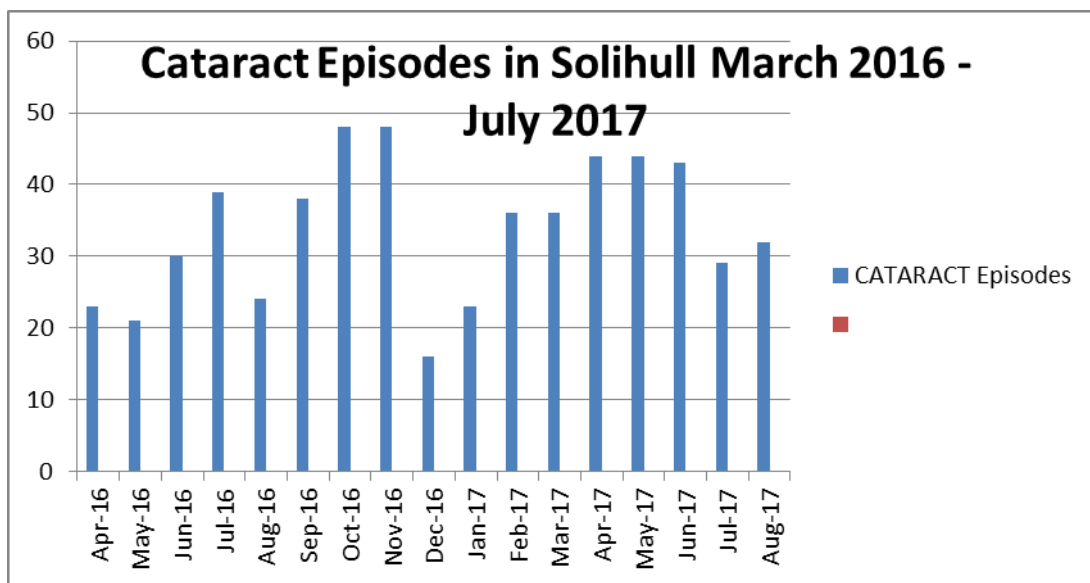
5. **Anonymised analysis of subcontractor performance:** No in depth analysis undertaken as we only have a small sample of data. Solihull CCG switched off the OLD C1 platform at the end of MAY 2016, so activity is on Webstar now for patients presenting with Solihull GP's. The C1 scheme still runs for patients with a Cross City or South Birmingham GP and Solihull has a separate platform called 'optoclaim' on Webstar to claim for those episodes. Update required on this: Can we check the old C1 platform has been closed as one sub-contractor seems to think they can still claim this way? It hasn't – so need to get more details as to which practices are still using C1 from Ian Hadfield.

6. **Subcontractor Performance Issues:** Leads will check and chase that the WOPEC cataract modules are completed and uploaded

7. **Complaints:** None

8. **Incidents:** None

9. **Any other relevant information or queries for the board:** Increasing the activity of the new scheme and post-cataract pathway also very likely in 2018.



Service: Solihull MECS June- Sep 2017

1. Activity:

June MECS 215 and 31 Triage only.

July MECS 227 and 31 Triage only.

August MECS 210 and 56 Triage

September MECS 195 and 32 Triage

SM feels the figures are steady, but should be a little higher.

2. **Performance of Service against Quality Requirements;** all CCG issues met for QiO Level 1 & Safeguarding. Solihull CCG have an online Smart Survey for Safeguarding Reporting which is great, much easier and quicker.

- Quarterly 1 report to CCG was completed. Outstanding issues: Outstanding QiO Std contract requirements. There were 4 practices still to complete or upload L2 out of the 18 MECS accredited practices, However, one has an action plan, and one was almost complete, so awaiting the pdf's. I am still awaiting update now from Divya and Debbie, as they have been actively chasing and making a note. I may just contact the practices myself for them to submit to me, as I do not feel the need for all the practices to complete the new QiO at this time.

3. **Performance of Service against KPIs:** No issues with KPIs. Solihull are required to submit the Activity & Finance Report monthly CCG.

4. **Outcomes of meetings with commissioners and/or other stakeholders:** Our review meetings have changed to 6 monthly now, with reports still due in quarterly. The next review meeting is in February 2018. There is still an outstanding issue regarding the sub-contractors to have nhs.net email addresses, so this has been changed from a DQIP to an SDIP by the CCG. Also due to a group of practices in Solihull switching off their fax machines, The SDIP from the CCG is for NHS email and action plan for implementation, but this is difficult due to QiO not being suitable.

Local incentive Scheme is now about the development of further pathways and the meetings we attend to develop pathways. For the year 2016/7 this was 2.5% of the contract value, so we have just raised an invoice for £3,347.94.

SM attended a second PLT (Protected Learning Time Event) on 27/9/17 in Solihull where a large number of GP's, practice staff, nurses, etc attended a lunch and training afternoon. Richard Rawlinson attended with SM and provided a LOCSU stand with our MECS leaflets and A4 sheets on display. The GP's were very positive about the service and each surgery that was present were told to come and collect a pack of leaflets from us, all remaining packs were given to the CCG who made sure they were delivered to the GP surgeries.

- SM attended a meeting with the manager of the Urgent Primary Care Service at Solihull Hospital, and is due to go back with a poster and leaflets for them to display.

5. **Anonymised analysis of subcontractor performance:** At Solihull LOC's AGM all practices who attended received a pack of leaflets, with an anonymised graph of their activity compared to all other practices. I was pleased with the reaction, and some practitioners weren't afraid to talk openly about which practice they were on the graph. I will follow-up by addressing the outliers in the next month or so. All those who didn't attend packs were posted.

- Subcontractor Performance Issues: Out of a possible 26 optical practices in Solihull. 18 are participating and 8 are non-participating because they are multi-national companies ie Asda and Tesco. 2 are awaiting OSCE's, 2 have no Optom at the present moment, 1 soon to join and 3 are not going to join. 21 practices are on the website www.eyecarewm.co.uk. Should we list all practices ie Tesco and Asda with NO's in their columns?

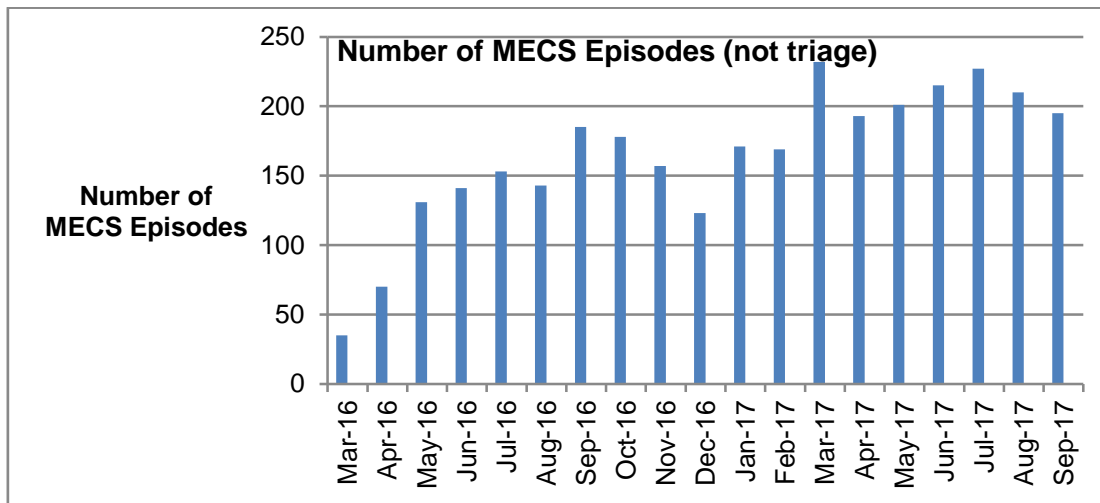
Complaints: No complaints received.

6. **Incidents:** Fax machines for 6 GP surgeries in Solihull switched off in April 2017.

7. Any other relevant information or queries for the board:

- I attended Solihull CCG Annual General Meeting 2017 (public invite) Tue 11 July 2017, 14:30 – 16:30
- Formulary – List on the drop down in Optomanager isn't what's on the Solihull Formulary

Figures for MECS episodes not including Triage



8. Complaints / Risk Register

9. AOB for CG&PL

- SM - Feedback from Solihull Optom on Formulary: Most of the products on the drop down list on optomanager are not on the formulary. APR reports that Wolverhampton had to change it with Webstar. DSt reports Walsall is different again. CB to pick up with Gian regarding the Solihull list.
- SM - Practitioner Authorisation and Manage Email Notifications (Practitioner sign up) – I don't receive alerts. The three practitioners that receive alerts are Debbie Graham, Peter Rockett, Dave Stevens I didn't receive an alert regarding Claire Holden waiting since 12/9/17 to be authorised for cataract, so I need to ensure any alerts from optomanager are being forwarded to me. Note Gian reply below.
- SM - Faxes switched off in Solihull. I need to get hold of GP email addresses and Solihull hospital email addresses to start the process of switching over to email referrals. APR reports that Wolverhampton CCG provide the email addresses. CB pointed out that it is the CCGs responsibility to provide the email addresses of GPs and secondary care.
- Triaging – SM wanted to clarify that practices should be triaging the patient onto Optomanager at first point of contact. APR confirmed that is the case and it should be done on Optomanager.
- MECS SIGN OFF – Query from Paul Musticone (NHS111) wants an update on slow sign off? This does not appear to be an issue for us, but may be an issue for the LEHN as they were looking at NHS111.

CB

Report from Gian/Webstar received 16:58 12/10/2017

Since we last met we have been busy on the changeover of the Wolverhampton schemes to the new contract this was quite a challenge as we had to deal with Wolverhampton's changes to accreditation for practices and practitioners and some changes to the modules. We also took the opportunity to incorporate some of the feedback on the IOP module from CGPLs and users

We have also rolled out an improved fax process with additional logging to support practices (that was earlier this month). We do have a challenge with the Solihull GP practices that have moved away from fax to email. I have discussed with Simone how we move towards NHS.net for as much as possible, getting the email addresses is the first challenge. This needs to be co-ordinated as the changes is "all or nothing" and so we will need to obtain email address for hospitals AND GP practices.

Finally Simone and I recently discussed the incident reporting function and we have some ideas on training for this. We also have a plan to expand the number of email addresses that can receive notifications (for CGPLs).

Lastly we have now set up all four areas on the same reporting template that I sent after your last meeting. As we are now at quarter end we will be sending each CGPL the report for their area for each scheme.

Meeting declared closed at 18.29

10. Date Of Next Meeting

2pm 18th January, Holiday Inn J7 M6 – Louise to book with the ROC as usual.

Provisional dates for meetings in 2018:

12th April

12th July

18th October

11. Action points

- | | | |
|-----|---|-----|
| 1.b | All agreed that moving all referrals to email was the goal ASAP and actions points to be developed regarding the role out. | ALL |
| 1.c | Dan said he would ensure that the policy agreed with the Solihull commissioners would be added to the Dropbox | Dan |
| 2.i | directors and CG&PL should be billing the company for the work they do directly for the company, specifically board meetings | ALL |
| 2.j | Agree Directors rate for meetings based on current LOC Rates | ALL |
| 2.k | Directors obtain accounts quotes for payroll services | ALL |
| 3 | PB to query with WOPEC if there could be alternate structures to the OSCES to accommodate smaller locations | PB |
| 5 | APR to query with the CG&PL how well the Accreditation evidence required is being monitored | APR |
| 5 | CB to look inot a proposal for a centralized incident log in (on Webstar or Dropbox) and to set up as required. CB to check who the company lead is on this as they will need to monitor. | CB |
| 6.a | APR & DSt are not sure if the received copies of head agreements with their subcontract. APR to check on this and to take this up with Gian. | APR |
| 6.b | CB to review and update the document from Richard Rawlinson regarding differences in services and distribute to all directors. | CB |
| 6.b | All Directors to review CB revised document. Once agreed to be circulated to all practices and but on Optomamanger | ALL |
| 9.a | CB to pick up with Gian regarding the Solihull formulary list. | CB |

Weekly Website Stats Report: 2017

Project: eyecare wm

URL: <http://eyecarewm.co.uk>

Summary

	Page Views	Unique Visits	First Time Visits	Returning Visits
Q3 2017	1,682	805	523	282
Q2 2017	1,516	741	493	248
Q1 2017	1,616	804	607	197

Transaction C	Transaction Typ	Sort Code	Account N°	Transaction Description	Debit Amount	Credit Amount	Balance
09/10/2017	FPO	'30-99-06	47120860	DIVYA SUDERA 10000000305308143 PECHOWMLTD 400333 10 09OCT17 17:46	£ 2,000.00		£ 52,538.33
03/10/2017	TFR	'30-99-06	47120860	MANINDER GUDRAY WOPEC ASSESSOR FEE	£ 261.60		£ 54,538.33
03/10/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 52.00	£ 54,799.93
28/09/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 1,836.80	£ 54,747.93
26/09/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 612.13	£ 52,911.13
22/09/2017	TFR	'30-99-06	47120860	SIMONE MASON PROFESSIONAL FEE	£ 3,155.00		£ 52,299.00
22/09/2017	FPO	'30-99-06	47120860	WASIM SARWAR 60000000302332728 PECHOWMLTD 200782 10 22SEP17 17:02	£ 264.70		£ 55,454.00
20/09/2017	TFR	'30-99-06	47120860	MARIAM AWAN WOPEC PATIENT FEE	£ 74.60		£ 55,718.70
20/09/2017	FPO	'30-99-06	47120860	ZINNAT HUSSAIN 60000000301844462 WOPEC ACTRESS FEE 200898 10 20SEP17 17:39	£ 70.00		£ 55,793.30
20/09/2017	FPO	'30-99-06	47120860	PARAMDEEP BILKHU 10000000300503467 WOPEC ASSESSOR FEE 601235 10 20SEP17 17:36	£ 271.60		£ 55,863.30
20/09/2017	FPO	'30-99-06	47120860	LES ROLLASON 40000000306896782 WOPEC ASSESSOR FEE 401104 10 20SEP17 17:29	£ 255.00		£ 56,134.90
20/09/2017	FPO	'30-99-06	47120860	SHAMINA ASSIF 40000000306896777 WOPEC ASSESSOR FEE 070116 10 20SEP17 17:29	£ 252.12		£ 56,389.90
20/09/2017	TFR	'30-99-06	47120860	PETER BAINBRIDGE WOPEC ASSESSOR FEE	£ 265.00		£ 56,642.02
18/09/2017	DD	'30-99-06	47120860	SAGE SOFTWARE LTD AA00596302	£ 6.00		£ 56,907.02
13/09/2017	FPO	'30-99-06	47120860	SWBNHSFT 20000000298978146 SSINV-15906 607080 10 13SEP17 10:01	£ 900.00		£ 56,913.02
12/09/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 1,713.15	£ 57,813.02
08/09/2017	FPO	'30-99-06	47120860	JILL CHENEY 30000000303535482 PECHOWMLTD 090127 10 08SEP17 18:08	£ 2,110.00		£ 56,099.87
08/09/2017	FPO	'30-99-06	47120860	KULJINDER BAINS 20000000298211047 WOPEC ASSESSOR FEE 404711 10 08SEP17 18:06	£ 306.40		£ 58,209.87
08/09/2017	FPO	'30-99-06	47120860	BIRMINGHAM LOC 20000000298209915 WOPEC ASSESSOR FEE 401107 10 08SEP17 18:00	£ 719.60		£ 58,516.27
06/09/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 1,941.00	£ 59,235.87
30/08/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 2,859.46	£ 57,294.87
22/08/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 134.00	£ 54,435.41
21/08/2017	FPO	'30-99-06	47120860	JASPREET BILKHU 10000000293522300 WOPEC ASSESSOR FEE 401104 10 20AUG17 17:09	£ 305.60		£ 54,301.41
16/08/2017	DD	'30-99-06	47120860	SAGE SOFTWARE LTD AA00596302	£ 6.00		£ 54,607.01
01/08/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 1,115.60	£ 54,613.01
27/07/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 1,932.00	£ 53,497.41
25/07/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 3,991.80	£ 51,565.41
24/07/2017	FPI	'30-99-06	47120860	KUMAR S MECS SANDESH KUMAR 649559717501327001 404711 10 23JUL17 10:57		£ 50.00	£ 47,573.61
20/07/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 76.96	£ 47,523.61
18/07/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 174.00	£ 47,446.65
17/07/2017	DD	'30-99-06	47120860	SAGE SOFTWARE LTD AA00596302	£ 6.00		£ 47,272.65
12/07/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 1,239.60	£ 47,278.65
11/07/2017	TFR	'30-99-06	47120860	HERTFORDSHIRE LOCA OSCE RAKHEE PARIKH		£ 50.00	£ 46,039.05
06/07/2017	FPI	'30-99-06	47120860	WIGGIN JR + JJ MECS JULIE WIGGIN RP4659981961918500 208546 10 06JUL17 19:34		£ 50.00	£ 45,989.05
04/07/2017	FPI	'30-99-06	47120860	KUMAR S GLAUCOMA OSCE 177995111222407001 404711 10 04JUL17 22:21		£ 50.00	£ 45,939.05
04/07/2017	FPO	'30-99-06	47120860	DIVYA SUDERA 60000000285007881 PECHOWMLTD 400333 10 04JUL17 15:23	£ 1,840.00		£ 45,889.05
27/06/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 2,127.40	£ 47,729.05
21/06/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 1,600.80	£ 45,601.65
16/06/2017	DD	'30-99-06	47120860	SAGE SOFTWARE LTD AA00596302	£ 6.00		£ 44,000.85
14/06/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 188.00	£ 44,006.85
06/06/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 3,523.89	£ 43,818.85
31/05/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 224.17	£ 40,294.96
26/05/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 539.66	£ 40,070.79
16/05/2017	DD	'30-99-06	47120860	SAGE SOFTWARE LTD AA00596302	£ 6.00		£ 39,531.13
16/05/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 1,810.00	£ 39,537.13
09/05/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 2,959.00	£ 37,727.13
08/05/2017	FPO	'30-99-06	47120860	B G MARKETING 40000000277538159 PRIMA1 9381 200771 10 07MAY17 15:41	£ 210.00		£ 34,768.13
03/05/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 194.00	£ 34,978.13
02/05/2017	BGC	'30-99-06	47120860	LOCSU SULOC5500		£ 398.00	£ 34,784.13
18/04/2017	DD	'30-99-06	47120860	SAGE SOFTWARE LTD AA00596302	£ 6.00		£ 34,386.13
					£ 13,297.22	£ 31,443.42	

UNAUDITED DIRECTORS'
REPORT AND FINANCIAL
STATEMENTS

FOR THE YEAR ENDED
31 MARCH 2017

PRIMARY EYECARE
(HEART OF WEST
MIDLANDS) LIMITED
(A company limited by
guarantee)

PRIMARY EYECARE (HEART OF WEST
MIDLANDS) LIMITED
(A company limited by guarantee)

COMPANY INFORMATION

Directors	Mr P Bainbridge Mr C Barlow Mr I Hadfield Mr P Rockett Mr D Sanders Mr D Stevens
Registered number	08465608
Registered office	2 Woodbridge Street London EC1R 0DG
Accountants	Menzies LLP Chartered Accountants Victoria House 50-58 Victoria Road Farnborough Hampshire GU14 7PG

**PRIMARY EYECARE (HEART OF WEST
MIDLANDS) LIMITED**
(A company limited by guarantee)

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Statement of income and retained earnings	2
Balance sheet	3
Notes to the financial statements	4 - 5
The following pages do not form part of the statutory financial statements:	
Detailed profit and loss account and summaries	6 - 7

PRIMARY EYECARE (HEART OF WEST MIDLANDS) LIMITED

(A company limited by guarantee)

DIRECTORS' REPORT FOR THE YEAR ENDED 31 MARCH 2017

The directors present their report and the financial statements for the year ended 31 March 2017.

Directors

The directors who served during the year were:

Mr P Bainbridge
Mr C Barlow
Mr I Hadfield
Mr P Rockett
Mr D Sanders
Mr D Stevens

Small companies note

In preparing this report, the directors have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

This report was approved by the board on

and signed on its behalf.

Mr I Hadfield
Director

PRIMARY EYECARE (HEART OF WEST MIDLANDS) LIMITED

(A company limited by guarantee)

STATEMENT OF INCOME AND RETAINED EARNINGS FOR THE YEAR ENDED 31 MARCH 2017

	Note	2017 £	2016 £
Turnover		1,018,405	319,534
Cost of sales		(970,135)	(302,940)
Gross profit		48,270	16,594
Administrative expenses		(28,230)	(23,189)
Operating profit/(loss)		20,040	(6,595)
Tax on profit/(loss)		(406)	-
Profit/(loss) after tax		19,634	(6,595)
Retained earnings at the beginning of the year		(18,009)	(11,414)
Profit/(loss) for the year		19,634	(6,595)
Retained earnings at the end of the year		1,625	(18,009)

The notes on pages 4 to 5 form part of these financial statements.

PRIMARY EYECARE (HEART OF WEST MIDLANDS) LIMITED

(A company limited by guarantee)

REGISTERED NUMBER:08465608

BALANCE SHEET AS AT 31 MARCH 2017

	Note	2017 £	2016 £
Current assets			
Debtors: amounts falling due within one year	4	5,929	3,548
Cash at bank and in hand		37,092	19,397
		<u>43,021</u>	<u>22,945</u>
Creditors: amounts falling due within one year	5	(41,396)	(40,954)
Net current assets/(liabilities)		<u>1,625</u>	<u>(18,009)</u>
Total assets less current liabilities		<u>1,625</u>	<u>(18,009)</u>
Net assets/(liabilities)		<u>1,625</u>	<u>(18,009)</u>
Capital and reserves			
Profit and loss account		<u>1,625</u>	<u>(18,009)</u>
		<u>1,625</u>	<u>(18,009)</u>

The directors consider that the Company is entitled to exemption from audit under section 477 of the Companies Act 2006 and members have not required the Company to obtain an audit for the year in question in accordance with section 476 of Companies Act 2006.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime and in accordance with the provisions of FRS 102 Section 1A - small entities.

The financial statements were approved and authorised for issue by the board and were signed on its behalf on

Mr I Hadfield
Director

The notes on pages 4 to 5 form part of these financial statements.

PRIMARY EYECARE (HEART OF WEST MIDLANDS) LIMITED

(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2017

1. General information

Primary Eyecare (Heart of West Midlands) Limited is a private company limited by shares incorporated in England and Wales. The address of the registered office is disclosed on the company information page.

2. Accounting policies

2.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention unless otherwise specified within these accounting policies and in accordance with Section 1A of Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and the Republic of Ireland and the Companies Act 2006.

The following principal accounting policies have been applied:

2.2 Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Company and the revenue can be reliably measured. Revenue is measured as the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes.

2.3 Taxation

Tax is recognised in the Statement of income and retained earnings, except that a charge attributable to an item of income and expense recognised as other comprehensive income or to an item recognised directly in equity is also recognised in other comprehensive income or directly in equity respectively.

The current income tax charge is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the balance sheet date in the countries where the Company operates and generates income.

3. Employees

The average monthly number of employees, including directors, during the year was 0 (2016 - 0).

4. Debtors

	2017 £	2016 £
Trade debtors	5,929	3,548
	<u>5,929</u>	<u>3,548</u>

PRIMARY EYECARE (HEART OF WEST MIDLANDS) LIMITED

(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2017

5. Creditors: Amounts falling due within one year

	2017 £	2016 £
Corporation tax	406	-
Other creditors	40,000	40,000
Accruals and deferred income	990	954
	<u>41,396</u>	<u>40,954</u>

6. Company status

The company is a private company limited by guarantee and consequently does not have share capital. Each of the members is liable to contribute an amount not exceeding £10 towards the assets of the company in the event of liquidation.

7. First time adoption of FRS 102

The policies applied under the entity's previous accounting framework are not materially different to FRS 102 and have not impacted on equity or profit or loss.

PRIMARY EYECARE (HEART OF WEST MIDLANDS) LIMITED

(A company limited by guarantee)

DETAILED PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 MARCH 2017

	2017 £	2016 £
Turnover	1,018,405	319,534
Cost of sales	(970,135)	(302,940)
Gross profit	<u>48,270</u>	<u>16,594</u>
Gross profit %	4.7 %	5.2 %
Less: overheads		
Administration expenses	(28,230)	(23,189)
Operating profit/(loss)	<u>20,040</u>	<u>(6,595)</u>
Tax on profit on ordinary activities	(406)	-
Profit/(Loss) for the year	<u><u>19,634</u></u>	<u><u>(6,595)</u></u>

PRIMARY EYECARE (HEART OF WEST MIDLANDS) LIMITED

(A company limited by guarantee)

SCHEDULE TO THE DETAILED ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

	2017 £	2016 £
Turnover		
Sales	1,018,405	319,534
	<u>1,018,405</u>	<u>319,534</u>
	2017 £	2016 £
Cost of sales		
Webstar	100,776	26,012
Subcontractors	869,359	276,928
	<u>970,135</u>	<u>302,940</u>
	2017 £	2016 £
Administration expenses		
Training	23,088	15,717
Website expenses	139	825
Office expenses	100	150
Advertising	2,387	2,208
Accountancy fees	990	954
Insurances	1,526	1,352
Meeting costs	-	1,983
	<u>28,230</u>	<u>23,189</u>