



# Directors Meeting Minutes

Date: 20<sup>th</sup> October 2016; 5.00pm

Location: Holiday Inn J7 M6

## 1. Attendees

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

## 2. Apologies

None

## 3. Conflicts of interest

All directors confirmed no change to their conflict of interest form

## 4. Minutes of the last meeting

Circulated by CB & In Dropbox – proposed as accurate by APR; seconded by DSt

## 5. Matters Arising

- Some LOCs have not signed MOU with the LOC Company – CB to chase
- Webstar meeting was well attended – see agenda point
- Directors to raise with LOCs how to get more practices using the services
  - Solihull report Simone has been chasing up practices.
  - Wton have 31 out of 38 practices signed up so quite happy.
  - PB & DSa agreed that practices signed up but not using services are a CGLead issue
  - CB reported Dudley LOC agreed to try to get as many practices as possible using optoclaim.
  - PB queried if requirement to dilate is a deterrent to use cataract services – APR & DSa said you can put patients through the system without dilation, so this may not to be the case.
  - APR & DSt report that Wton & Walsall are trying to get use of the service for cataracts “pseudo-mandatory”
- Domiciliary Provision – DSt confirmed that at today’s meeting the CCG will confirm their commitment to this, contract variation is in hand. Wton have waited to see what others have said. DSa not aware of Solihull raising it. PB said Sandwell not raised it. All directors to confirm with CCGs that they are happy to approve domiciliary provision as long as it meets the service spec. CB reported that a LOCSU publication had indicated their support for domiciliary provision. CB has spoken to Stuart Townsend from Staffordshire who had the same issues with the Outside Clinic. DSt queried that if Walsall CCG approve cataract for home visits, does that mean that they can provide cataract referrals for all. CB confirmed not until individual CCGs approved. IH confirmed SWB happy with domiciliary provision for cataracts, however unlikely to get a service variation.

## 6. Financial Reports

- Bank accounts – are in dropbox. Current account currently £50,599.63, but this includes £27,200 for Wton LOC.
- APR to arrange for Wton LOC to raise an invoice to PECHOWM for VR training and then IH can settle.
- Recent income to PEHOWM is around £3,000 per month. A lot of this is being spent on CG&PL and printing etc.
- Will we have enough for future training needs?
- Sandwell practices are behind with payments for MECS – APR reports Wolves had some issues initially, but soon resolved. DSt reports a Walsall practice is also awaiting a Sandwell payment. This is due to a communication problem with IH not receiving the correct purchase order. This should be resolved in the future.

## 7. Clinical Governance & Performance Leads Reports

Uploaded reports were viewed on screen and discussed.

1. Wolverhampton –
  - a. Cataract - APR mentioned merging self-assessment questionnaire and quality assessment questionnaire. Webstar advised this can be done, but all areas need to agree. This needs to be confirmed.  
PB queried the questionnaire system as potentially open to abuse and few options for poor comments. APR & DSa agreed, but few other options available to us that would generate sufficient questionnaire completions. CB suggested more comments/ approvals on the website. DSt said they have problems in Walsall with the lack of language options. APR

said the positive comments are crucial for the positive CCG feedback. APR reported that the current KPIs are not fit for purpose and the CCHG will review them.

- b. IOP – few issues. APR feels two weeks is too tight a time scale for second repeats. APR is trying to get all practices signed up for MECS must provide IOPRM.
  - c. MECS – figures have not gone up any further. A few OptoManager issues, especially with the medication form, so reporting of medications not happening. Webstar have been chased. No recording of triaged patients not going into the service, is considering all practices to be required to complete a triage for all patients. All agreed that a triage fee system needs to be better looked at.
  - d. APR experiences of patient satisfaction are likely to prove vital to the re-commissioning of services. This must be got over to practices, utilize every contact with subcontractors to get the point over. DSt has started reviewing this in Walsall. DSa queried how to get this data as IH is getting it, but he is not. DSa will chase Webstar for his own copies of the data, or ensure IH uploads it to Dropbox.
  - e. Shortlisted for an HSJ award this week
  - f. VR training project is about half way through and has been well attended (18 optoms to date)
  - g. CCG accept that the MECS service has caused a drop in referrals to A&E and GPs
2. Walsall
- a. Only 4 practices outstanding accreditation, still chasing up QIOs
  - b. Now meeting with the Commissioners quarterly
  - c. Cataract post op now launched – delays due to the required forms not being available
  - d. IOPs low numbers still – DSt is looking at additional Goldmann training
3. Solihull
- a. DSa has attended commissioner meetings, next due in November.
  - b. Optoclaim now discontinued
  - c. More numbers required
  - d. Simone is doing a good job, still chasing some outstanding QIOs
  - e. Some GPs are being very pro-active, further work on the inactive GPs is ongoing
  - f. Multiples are very slow to get the contractual work back, Boots best, VE a nightmare.
  - g. Some pressure from commissioners regarding nhs.net email accounts but DSa not concerned at present
  - h. Making Every Contact Count (MECC) policy - only Solihull have requested a policy. CB advised that we should give the commissioners the stock LOCSU advise to ask for further time. Wording along the lines of “As far as MECC is concerned, something is being developed nationally for our profession, therefore we are asking all CCGs to please be patient. MECC is one of the new requirements the NHS has brought in for the 16-17 contract and is in both the short form as well as the long form, therefore all LOC companies will have to have one in place. It is therefore part of the next QiO update that is currently being worked on and is likely to be published in November. . APR advised the LEHN are putting on MECC presentations across the region in the next few months. We therefore can now confirm that we have a policy, which is: “we will update our QIO to meet the new MECC section (as soon as the QIO update is released) and that MECC information meetings will be put on next year.
  - i. Local Incentive Scheme (part of contract) has been requested by Solihull Commissioner. Need to look at a scheme. Suggestions included promotion of our services to dementia/mental health patients or through carers, educational events, recording of activity. DSa thought the CCG were expecting an educational event. CB to put together a proposal and will also talk to LEHN and will run it across LOCSU
4. SWB
- a. Activity was initially on the way up, but has since fallen off; perhaps due to the summer period, but also not helped by non-payment of invoices.
  - b. Only about 25% of Sandwell practices are signed up to the services
  - c. Concerns about lack of signposting as most patients are self-referrers.
  - d. Discussion of how to increase activity occurred. Communications review required. Further education of GPs
  - e. PB proposed that the Sandwell LOC appoint a communications officer – he will follow this up.
  - f. CB proposed that we need better publication of the MECS services at educational events such as M.O.S. or LOC events.
  - g. IH reported an issue with the Webstar reporting mechanism.

## 8. Complaints / Risk Register

1. Wolverhampton complaint from a patient. APR has logged and is being handled according to the PEC complaints procedure. APR advised it is a minor complaint and is related to whether the patient was actually entitled to the MECS service.

2. Solihull – from a patient - has been logged – relates to a practice not finding a suitable MECS appointment for a patient at another provider
3. Solihull –from a GP - has been logged - relating to a child appointment offer/management
4. Not a complaint – but - SWB CCG clinical lead claiming pathway not being followed – DG (CG&PL) has followed up and no evidence was produced to support this and it was thought this was anecdotal and possible GOS getting confused with MECS, therefore complaint not logged.

## 9. Education & Training

1. OSCEs – reviewed CB discussion document and debated options. Proposal was agreed that in the case of a service requiring OSCE's: prior to the launch of the service the OSCE's would be free to performers (subsidised by the LOC or PEC) and that after a certain time after the launch of the service (3-6months to be agreed by LOC) they would be chargeable.
2. Other accreditations – not discussed

## 10. Communications

1. Company website – no comments all happy
2. Posters / Leaflets – no action

## 11. QIO / IG –

No actions

## 12. AOB

- Domiciliary position update – not for MECS – Walsall, SWB and Solihull have given verbal approval for cataract – see matters arising.
- Children Under MECS – a recurring theme – especially prescribing limitations. Further education required to be reviewed
- Service Variations – still under review
- Webstar – Webstar meeting was successful and whereas not all issues were covered there was a degree of confidence that Webstar are improving and are addressing a lot of issues. APR commented that Webstar evolves, but not quickly. CB & DSa reported that Webstar were addressing this as well as considering some localized “self-management”.
- NHS111 – CB reported NHS England have passed on GOS contractor information to NHS111. CB has passed details of LEHN/LOCSU to the commissioners as they are doing work on this across the region. We need to ensure the disbursements are correct for MECS.

## 13. Date Of Next Meeting

19<sup>th</sup> January 2017 - Holiday Inn J7 M6 – Louise to book with the ROC as usual.

### Action Points:

To confirm with LOCs and CG&PL that all areas are happy to merge the Cataract Self-assessment questionnaire and quality assessment questionnaire, so they can all be printed off as one, although submitted separately.	ALL
CB to put together a Local Incentive Scheme proposal around dementia or mental health and will talk to LEHN and will run it across LOCSU.	CB
APR to circulate details of MECC meetings	APR
Some LOCs have not signed MOU with the LOC Company – CB to chase	CB
Sandwell LOC appoint a communications officer to chase practices to get them to sign up to services	PB
APR to arrange for Wton LOC to raise an invoice to PECHOWM for VR training and then IH can settle.	APR