The D of H have informed all CCGS that all Enhanced Service Contracts need to be recommissioned by 1st April 2014. It this is not completed and the contracts moved to a standard NHS contract then services will have to end.    This has been reflected I believe in the response we have had from CCGs and their keenness to want to look at Primary Eyecare services.

ERCCG – Have published their AQP which I am currently working on with Zoe Richmond from LOCSU – this needs to be submitted by the 6th December but is a large piece of work and will take a lot of time to complete.  On the plus side once we have all the information and evidence from this bid, it will be easier to look at future bids whether AQP or single tender.

Hull CCG – I have attended a couple of meetings with them, they intend to go down a single provider route and will be looking to work to the spec produced by ERCCG.  This makes our life a little bit easier in terms of the future tender.

Colin Vize Consultant ophthalmologist is keen to develop services further including and OHT monitoring/screening process and a GOS 18 triage in the acute setting.  I will be attending a meeting with Hull CCG and Colin on the 10th December to try and nail this down for future development, this will not be done alongside the CORRS bid as time is of the essence in agreeing the spec for the tender.  It will be looked at as a separate service and I am hopeful to try and agree a % of tariff price rather than a set price via CORRS.

North Lincs CCG – Again they are looking to replicate the ER CORRS spec which seems sensible given the cross boundary issues in the Humber.  Once again they want to go down preferred provider, single tender route and will be looking to work with us in respect of this.

NE Lincs CCG – This unfortunately is the anomaly in the Humber – they are only wanting the recommmission the repeat OHT test pathway and are pretty laid back about timescales for attempting to develop anything else. Ultimately they are looking at a CORRS scheme and potentially something around cataract referral, however as these services are not yet commissioned their priority is less and they will undoubtedly take a back seat until after April.

In terms of North Yorkshire I have had responses from Hambleton and Richmondshire and Scarborough to date.  I will chase up York and Harrogate although for the next couple of weeks I need to concentrate on the AQP bid and agreeing the reviewing of documents and submissions.