ERCCG – The bid was submitted on the 6th December as expected, however there have been multiple clarification questions which have taken a lot of time and energy to fulfil. I am now hopeful that they have everything they need to be able to award us the contract. Thanks are due to Zoe Richmond and Liz Greenwood for their invaluable input into this, as well as the LOC members involved on the task group who have given me their full support in the process. We await the result of the tender on the 28th January.

Hull CCG –We have all been a little bit taken aback with Hull CCG and the way they intend to procure this tender. Having “consulted” at length and agreed the service specification with myself, Liz, Bob and Ean amongst others, they have decided that they do not want to procure via a single provider route. They have invited all practices holding a current GOS contract to attend a bidder’s event on the 27th, and are expecting practices to produce individual bids. This does seem a complicated way to procure the contract and we will need to discuss in detail how this will work in practice. My feeling is that we need to bid for the contract on an individual basis and if we can’t influence them to change their mind we need to knuckle down and work through the process.

Colin Vize Consultant ophthalmologist at HES In Hull offered to triage patients and send appropriate referrals back into the CORRS scheme, this has now been included into the service specification of the Hull CORRS scheme. I suspect that he will be sending them into ERY too as he will be unable to verify the difference at that stage.

A meeting has been arranged next week to look at the children’s pathway in Hull – more of a fact finding mission initially, however I am hopeful if we can build a rapport with the orthoptists that they may want to work with us in the future.

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.  I have not had an update re 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.

We had a difficult meeting with NLAG early in December to look at providing a stable glaucoma service in the area. Unfortunately the hospital clinical lead didn’t seem to be too supportive of the idea and although the minutes of the meeting state we made a decision, I would be surprised if this will be worked up. I will hopefully have the opportunity of meeting with the commissioners once again to share my concerns.

Hambleton and Richmondshire – I have sent them a chase up email asking how they intend to procure the service, they have indicated that they want the service to continue and also identified some cross boundary issues which will need to be ironed out, so I wait for them to come back to me.

I have a meeting arranged with Vale of York senior commissioning manager next week so I am hopeful that I will be able to update on that soon

Scarborough CCG met with me last week and are keen to reprocure the scheme, they couldn’t see an issue with the single provider contract and went on to request a business case for pachymetry pathway and post cataract. I have been invited to meet with them and Scarborough hospital to see how we can make this work which is excellent news.

Harrogate CCG– I have emailed several times requesting a meeting with them, they have a commissioning manager named Kate Parker whose details I was given to contact. Her initial enthusiasm to meet waned quickly from an invite to a meeting to stating I had a conflict of interest. I now suggest the NYLOC contact her asking for clarification of the decision.