

***Minutes for the Dudley LOC Committee Meeting held at 6.30p.m. on Tuesday 23rd May 2023***

**Held as a Zoom Meeting**

**Committee in Attendance**

Shamina Asif (Chair) Paul Sidhu (Secretary), Mark Tuffin (Treasurer), Charles Barlow, Shazad Mahmood, Ameerah Riaz Ahmed, Qadar Baz, Kay Reeves, Rosie Birhah, Sonia Tyrell, Sunit Jolly, David Wright, Sheena Mangat, Amir Afzal

Also in attendance: Daniel Wright, Ridha Ahmed

**1. Apologies**

Hussnan Ejaz, Nicky Ferguson, Gurdeep Dosanjh

**2. Declarations of Interest**

SA has now been appointed Lead Assessor for WOPEC.

**3. Minutes of the previous Meeting**

The minutes were proposed by ST and seconded by QB as a correct record of the meeting.

**4. Matters arising**

All Matters Arising were discussed and had been dealt with

**5. Correspondence**

PS has received a letter from the Beacon Centre requesting assistance with a project. PS has forwarded onto CB who is looking for a volunteer to take this on. Amir has volunteered, CB offered support.

**Action CB/AA**

CB has received an email from Mary Bairstow which has been forwarded on to RB to deal with.

**6. Treasurer’s Report**

Current balance (as of 16/5/2023) £127,484.04 less £91,300.00 “old” balance £36,184.04

Outstanding accounts to LOCSU for March Levy and money owed to C Barlow S Asif and M Tuffin leaves a true balance of approx £34K. I am aware we are going to discuss a reduction in the levy at some point and I can see no financial reason not to do so. **It was decided that this will be discussed at the upcoming AGM.**

I have not had time to speak to Lloyds to organise an interest bearing account for some of the money, it is on the to do list.

ACTION: MT

Please find enclosed some documents received from LocumKit regarding our payroll going forward. The insurance certificate and qualification certificate. Also I have enclosed the details below that all officers and committee members will need to complete before I am able to process any meeting claims or expense forms including tonight.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Forename | Middle Name (Optional - this is not mandatory) | Surname | Address | National Insurance | DOB | Tax code (if known) | Role | Student Loans (if yes, what plan) |

LocumKit have also proposed an expense claim form that is also included in the documents, but Charles has plans for an easier to use alternative.

The committee will need to decide how we pay ourselves going forward ie monthly or quarterly and when and how honorarium get paid. This has implications on the treasurers time as the new procedure is adding a considerable amount of additional work that has not been needed previously. The treasurer will also be responsible for paying the tax and NI ( if any) the following month to HRMC I am happy to continue with the treasurer role for the time being although the committee will need to confirm how the additional work should be paid.

I am awaiting the first communication from LocumKit regarding payroll for the amounts claimed in April and I will have a clearer idea once this has been received of the process going forward. All committee members and officers will receive a log in to website where they will be able to see the payslips generated for each payment made.

The accounts have been sent to the auditors and will be ready in time for distribution before the AGM in June.

**MT emphasised that all Committee Members need to submit the information requested in the above report if they wish to get paid for today’s meeting, along with their email address for receiving payslips going forward. MT has sent a standard form for everyone to complete with their details to PS.**

ACTION: ALL

It has been decided to run the payroll monthly for 3 months and then review.

CB suggested that all remunerations be reviewed at the first meeting after the AGM as previously discussed.

ACTION: ALL

The Committee to discuss the Levy rate at the AGM. To be an agenda item for the AGM

ACTION: PS

PS to send his draft Business Plan to CB to review.

ACTION: PS

The Committee thanked the Treasurer for all his additional work up to this point.

**7. Primary Eyecare Company Update**

CB produced a report for the committee:

The LOC has supported PES at contract meetings with the ICB. These have been very positive but their offer to roll out all

services across the region has stalled due to lack of a senior commissioner and no funding allocation.(see 11.1 for latest)

Black Country ICB Contracts have clarified that there is agreement to roll the contract over for 1 year while it goes to re-procurement.

There are some contractual challenges with some Trusts (BMEC & UHB) not accepting referrals. This is being dealt with by the

PES Clinical Lead with LOC support.

PES are now looking at developing the CUES module. Timescales are unclear, but some of the priority areas are:

* Remove covid screening.
* Screening form mapping to appropriate outcomes
* Timescale of appointment question - seen as per local protocol
* Telemed bypass for areas without mandatory
* Referral letter templates
* Diagnosis box – getting this refined more

What else is on the LOCs wish list?

CB asked for Feedback and Comment

**8. NHS Update**

Delt with in other items

**9. EeRS**

CB produced a report for the committee:

The Black Country are now in the first wave of roll out of EeRS, planned go-live date 1st September 2023

earlier than previously advised. NHSE are hosting Midlands Region LOC EeRS Collaboration forums once a month. We met with the BlackCountry LOCs on 9th May and BlackCountry ICB 11th May. The ICB have asked CB to be the LOC digital lead and to also support the Clinical Safety work. He will seek support from colleagues as appropriate.

NHSE funding to Black Country LOCs of £91,000 to support the role out across each ICS has been received into Dudley LOC bank account. CB has set up a costs allocation table, so that payments can be easily allocated and separated by the Treasurer.

LOCs are expected to provide support to include:

* virtual and face to face engagement and support events with optical practices to focus on increasing the uptake and support for EeRS Service roll out with optometry practices
* support the implementation of the EeRS across the ICB
* support working with ICB colleagues to increase the use of referrals via EeRS;
* enhance the optical practice and optometrist skills and confidence to refer via EeRS;
* Support optometry practices to complete the Information Governance (IG) requirements including the DSPT toolkit;
* Support optometry practices to complete any other associated mandatory training requirements for EeRS
* ensure the optometry practices complete any check lists and mandatory returns (if required) for Clinical Safety;
* Promote the sign up to nhs.net and e-GOS

Actions to date by the LOCs are: draft implementation plan completed, Dudley practice mapping and RAG rating completed.

Next steps will be to send out comms.

Actions for the LOC: discuss the role of EeRS champion, consider practice buddying with LOC members

For Feedback and Comment

**10. Chair’s Business**

**Thursday 18th May 2023 4-5.30pm (left 30 mins early)**

High volume cat professor briggs spoke about 6 days a week, and visiting Cannock chase

Happy about ICS connections with other professionals

HVLC pack discussed

Issues around complications from independent providers and raising this as an issue amongst ICB safety. Px should have free choice to wear they can go if problem so advice around this

GIRFT

26 week initiative – clearing 65 weeks model by march 2024. Virtual consultations, PIFU, and super clinics. Wolvs is worse, but why Sandwell is less.

They didn’t look at individual clinics just overall figures

OPHTHALMOLOGY is worse for waiting times compared to other specialities.

6th June – Grace commissioning manager coming in the new Gesharan

A lot of talk around PIFU follow ups. This is primarily aimed at secondary care and it is in the initial stages of drawing up a service specification. Questions were raised around what happens if px doesn’t initiate follow up what are the fails safe mechanisms? Also what about people who may not understand this and think they have been discharged.

Before sign off – the specification will be bought to this meeting.

Finally Dan commissioning confirmed that Community Optometry services are being looked at within ICB level.

**Wed 17th May 2023 – HLOP meeting – one hour**

Waiting for the minutes of the meeting from Wendy – however for those practices that are actively providing services contracts have been renewed, I spoke to Wendy and the team about putting on future training and it has been agreed that two sessions of training will be put on every year – one in the summer and one in the winter. At the moment the public health services contract is up for procurement and so they have been very busy in deciding who it will go to – depending on who wind this contract we may be able to try and get NHS Health checks and blood pressure monitoring back again. If it’s solutions for health then that won’t happen, but if someone new it might do.

The Health promotion zones across optical practices and pharmacies need to be aligned

VAT number definitely needed for providing services as that’s what pharmaoutcomes need – some smaller optical practices cant provide services as not hitting VAT threshold.

**EeRS Meeting – Tuesday 2nd May – 1 hour**

This was a presentation from NHS England. There were discussions around making connections with optical practices – those hard to reach practices or especially those who have had no engagement with LOCs or events. With regards to information on the Eers system there was discussion around how the email sent out should be generic and everyone receives the same info rather than there being variations.

Eers newsletter – this will be generated and there will be a specific key area as reminders for LOCs. There were discussions around who would be the project lead from the LOC, CB is already part of this. There is an important piece of work to be done to get Optometrists on board to cinapsis.

6th June there is an online meeting – Privy Notice and signing off needs to be discussed.

Background to the system is that can use Windows 10 and can use phones etc. It is a cloud based system. There are 1200 practices across ICB and these will be split according to areas. We need to start engaging now with optical practices and have optoms on board as roll out could happen quite quickly.

**Tuesday 18th April ICS Delivery Forum – 9.30 to 5.30pm (full day)**

This was a very good forum allowing connections to be made with different parts of ICB.

Opening speech – Stephen Dorrell – He gave examples of how dermatology in Coventry and Warwickshire have worked well. He spoke about how health coaching can help people manage themselves, changes in principles and behaviours. He spoke about how working in partnership is very important. The second most deprived ICS is black country.

The first session was about delivering new partnerships to deliver services. There was a discussion about the importance of how integrated care presents unique opportunities for health providers to develop new local partnerships to improve care delivery, however these partnerships must add value and are cost effective. The speakers spoke about how ICS can enable more effective and efficient partnerships with independent and third sectors and discussed how these collaborative relationships could improve service delivery and boost capacity. Director of transformation and partnerships Tapiwa Mtemachani was there and I challenged him on this. There was discussion around the health inequalities fund – and how we can tap into this. Sarah Taylor spoke about how the voluntary sector needs to be recognised and need a seat at the table and spoke about the positive advantages she had bought in Wolverhampton. She spoke about qualified professionals in the voluntary sector became evident in the pandemic

Key facts – 70-80% deprivation is in the black country. Prevention is the most effective way of managing demands and increasing demands. Spoke about how 34% of housing people have long-term health condition so important to work with them – Walsall has a health coaching model, and with the diabetes treatment model the service pays for itself. No statutory funding comes to charities, the money doesn’t follow the patient with voluntary/social prescribing.

Session 2 – Collaborating to optimise the patient pathway

This session had chief medical officer Ananta Dave as well as Chief delivery officers. There was a discussion around how ICS are uniquely placed to facilitate partnerships with system partners, broader industry and life science to improve patient pathways, improve patient access to innovative medicines and treatments and to address unwarranted variation in care provision across systems.

Session 3 – Example of case study on delivering novel covid therapies for Frinley ICS. This was about how this company made this happen by have mobile units and working together with ICS the barriers and successes. It was how Pharmaxo and Frimley ICS worked together to deliver static and mobile infusion clinic capacity at pace.

Session 4 – Effectively addressing health inequalities in the west midlands.

Birmingham and its surrounding regions are host to one of the most diverse cohorts in England, but this is accompanied with significant divergences in health outcomes in different populations producing major health inequalities. The session was about the methods ICSs are able to address the health inequalities and how they can better understand local population health challenges through use of effective data.

Session 5 – case studies presented by West mids Academic Health Science network

One case study looked at case studies of deterioration and the other NHS Health checks. There was discussion around black women and childbirth

Session 6 – Integrated approach to workforce challenges

This session looked at the importance of overcoming workforce challenges to improve healthcare outcomes given the current challenges. The ICS have a unique opportunity to coordinate a sector wide approach. This session looked at how ICS can work with NHS trusts, local governments and care providers to ensure that existing staff are effectively supported, how to improve recruitment retention and examine common obstacles to establishing system wide workforce strategies.

The day was fantastic for networking purposes.

**Wednesday 26th April** Preparation and presenting at the cardiovascular disease network.

Duncan invited me to do this - This was a brilliant opportunity to showcase the HLOP scheme to commissioners and the disease network. Michelle joined me to do the presenting. There was fantastic discussion on this and as a result they would like to do a BP pilot on this. Next meeting planned for June

**Thursday 13th April** – met with Duncan from Black country on the possibility of blood pressure checks in Dudley, spoke about HLOPs and he was talking about who to network with and the various pots of money that might be available. Discussion around DOCOBO and this will be covered at a later meeting – so using a cloud based system to input data for GP’s, if BP is high. Used in the community

**Ophthalmology meeting = 1 hour 4th April Introductions to BCICB - PCN Optometry**

Sarbjit and Ananta Dave and Corrine with LOC Chairs. This was the meeting we have been waiting months for. It was great to network and for BCICB to understand the difference between GOS contracts and commissioned services. CB to meet with Corrine to discuss work in other committee meetings and also how GOS contracts etc work. CB to update.

**Wednesday 29th March**

Contracts meeting on Post Op assessments in community with PES and Nizz as well. This is a result of networking on ophthalmology away day. The results are looking positive – Jack and Siobhan to meet to see how they can sort out admin staff and IT structure to roll this out. Couldn’t make the follow up meeting but CB did – so he can update.

**Tuesday 21st March**

LOCSU forum meeting one hour only gave update on CMO attending practice and Dudley activities

**Tuesday 14th March**

Media training provided by LOCSU.

Interviews – how to take control of the situation, and you need to be confident about being you. The 4 ‘P’s are: Preparation, professionalism, perfection, and personality.

1. Preparation – know the campaign, what questions/angle and audience are. If people have not heard of the campaign stick to shorter answers , if they have then longer answers. You need to find out how long the interview is. When will it be published, who else will be interviewed, so that you can tailor the answers. What will you be asked and do your background research.
2. Personality – how you communicate, do not learn to speak in a parrot fashion. You need to relax so that you sound more interesting/engaging. Just sound professional
3. Perfection and making mistakes. You won’t get 100% - don’t put pressure of being perfect on yourself. Mistakes are fine, do pause and stumbling is normal.
4. Professionalism: Dress, sound and act in a professional manner. You need to stay calm if someone throws an unusual question.
5. Extra tips- sound bites get across – list the key facts you want to get across and get this across in the interview. Write as bullet points and start the answer with these. Repeat again at the end of the answer. So start with first and then re-emphasize. If you can get exclusivity that’s brilliant but you need to feel special about it. Stats and clear lines are really needed.

Other ongoing work – Video done for : Black Country ICB Feet on the Street Statement from LOC 1 hour – practising recording and sending 19/05/2023

Workforce development fund – organising HLOP aspect and also Foreign body workshop – taking the lead.

Charles added the following in his report:

**PCN Clinical Directors Meeting 15th March**

Thanks to Sheena, we had been invited to a PCN Clinical Directors' Meeting, which was the GP clinical leads from each of the Dudley PCNs. They were: Dr Sarah Fung, Dr Dalvinder Ratra , Dr Gillian Love, Dr Simon Hughes, Dr Girish Narsimhan

They wanted to know what we wanted so I gave them a brief update on our activities, future intentions and aspirations. I asked for their help in putting pressure onto the system for change and to support the projects proposed by the ICS Eyecare Network for eyecare redesign.

Dr Simon Hughes asked if there is capacity in Opticians? I replied there was capacity and appetite.

Dr Girish Narsimhan asked if there were delays in seeing patients presenting with urgent conditions? I advised that at our last contract meeting we were achieving all our contractual timescales.

Dr Gillian Love commented that she finds Halesowen opticians are very helpful.

I offered that we could attend any future meetings and that if they had any queries or concerns about any services to direct them to us. (N.B. if anyone receives a service query, please refer it to Shamina to check with Wasim from PES before replying).

They were very supportive and gave verbal assurances of support.

Ridha suggested contacting Mark Boucher at Dudley Council for Health Inequalities funding. Ridha to send contact details.

ACTION: SA

**11. Regional Update**

11.1 **Black Country ICS Ophthalmology Clinical Network Group**

CB produced a report for the committee:

Consultant John Barry is leading this ICS Clinical Network.

The ICB elective commissioning team have a new senior lead commissioner in post from 6th June. Without this person, no new spending can be approved or signed off.

I am very pleased to inform you that it was confirmed by the commissioning team on 18th May that the ICB commissioning priorities for this year now include aligning our enhanced services. This will mean that Cataract post op and GERS will be commissioned across the whole ICS.

Further new initiatives for reducing hospital backlogs are occurring.

There is a drive for using more Patient Initiated Follow Ups (PIFU) in the trusts, potentially with a central point of contact. The LOCs with LOCSU support will be involved in the reviewing the proposed pathways to ensure that PIU does not create unexpected demand in primary care and to ensure that services are in place in Primary Care (such as extended MECS) to help.

There is early discussion around a Single Point of Access (SPA) for referrals. LOCSU & PES will support with examples of where this works, or doesn’t.

Introductions to BCICB Meeting 4th April

Present from the ICB were:

Sarbjit Basi - Director of Primary Care for ICB

Corinne Ralph - Head of Primary Care strategic commissioning and contracting.

Ananta Dave - Chief Medical Officer

Mike Ellis - Programme Director of POD services

We were introduced to the ICB Primary care team. They explained what their work entails and that they welcome a holistic approach to primary care involving Pharmacy, Optometry and Dental, not just Medical. They are looking at representative structures and expect to have optometric representation on the System wide Primary Care committee and also optometric representation on the place based primary care committees.

Contractual responsibility for GOS has moved to the ICB and for this region it will be managed by a team based in BSOL.

Practical contract management will be moved to that team from 1st July. We requested formal confirmation of this ASAP.

They advised that they are working on a five-year primary care transformation strategy.

There is a proposal that their existing workforce development Hub be extended to other professional groups.

Outcomes:

This group is our main conduit on GOS affairs and as such a vital contact point for a large part of the LOCs duties. They have promised to provide us with an introductory document with information on ICB structures and contact information. Whilst this group is not a commissioning body for enhanced services per say, they are able to significantly influence/commission pathways, processes and wider commissioning opportunities such as health interventions.

**Corrine Ralph meeting** with CB about the networks we currently interact with 13th April

Her remit, whilst primary care lead is historically GP orientated, so she is keen to embrace POD. We had a long discussion during which time she took copious notes whilst I explained about:

* GOS v commissioned services.
* LOCs, /ROC/ LOCSU
* Networking with the acute collaborative/ICS/PCNs
* GOS / LEHN / QIO / GOS Contract management/practice visits/ CQC
* Workforce development / EeRS grants, plus a lot more.

I asked specific questions around the GOS contracting team, compliance, practice visits, performer list concerns etc. She knows that there is still a lot to do about this and will follow up.

We had a discussion about workforce development. This is something that the ICS is very keen on and are looking at how the whole primary care workforce can be integrated into existing training hubs. She was most impressed with our work.

Outcomes:

* She now better understands the unique complexity of our position regarding GOS and locally commissioned contracts
* and will strategically review our existing fragmented enhanced services (I also raised HLOP).
* She will look at the absence of a LEHN as a priority as clinical networks are an obligation for the ICS/ICB.
* I expect us to receive networking opportunities around workforce development which will hopefully be beneficial for the workforce group.

**Angela Poulton (ICS training Hub lead) meeting** with CB to discuss workforce development 2nd May.

Explained our funding and work done by LOCs generally around CPD and training and how this could benefit the system.

Outcomes:

* She will look at how she can embed us within the ICS training hub – this may not be Optometry specific initially, but should give us access to other training such as safeguarding etc
* She will look at ownership of a workforce development training framework for eyecare – including placements.

**ICB Joint Forward Plan Engagement**

The ICB with partner NHS Trusts are required to develop a Five Year Joint Forward Plan in partnership with wider system stakeholders and partners across the Black Country. The plan must be developed and published by the 30th June 2023.

To date, they have undertaken an extensive involvement exercise and seek our involvement in the development the Joint Forward Plan. As a key partner and stakeholder within the system they would like our feedback and have attached a summary overview of the plan for our consideration by 22nd May 2023.

11.2 **Regional LOC Engagement**

**Midlands LOC Regional Forum** Meeting 21st March

The EeRS was discussed, but this is covered separately on the agenda.

The only other items was around sharing and standardising of LOC costs and expenses across our HOWMOC. If Dudley LOC are happy to share our policies CB will contact other treasures in HOWMOC.

PS pointed out that we already have that information on our website so it is in public domain.

**HWMROC (including confederation)** Meeting 16th March

Concerns raised on inappropriate GOS use in DESP – letter sent to IHI and reply has been received.

No news on the appointment of an LEHN chair yet.

Sharing of fees across HOWMOC discussed as in Forum report.

**12. Hospital Liaison Business**

NF not in attendance – nothing to report

**13. Secretary’s Business**

PS brought to the Committee’s attention that two long serving members of the Committee are not standing for re-election at this year’s AGM. They are Kay Reeves and Sunit Jolly. PS has sent emails out thanking them for their service.

**14. AGM**

Date agreed 20th June to be held at Russells Hall Hospital.

**15. Website**

PS reported that the website has now been moved across to the new hosting server.

**16. Succession Planning**

PS stated that some job shadowing should be taking place going forward and asked if the Committee agreed. The Committee agreed and it was put to the members, **Shazad and Ameerah said they would be interested.**

CB is going to circulate a suggestion for some new Officer roles between now and the AGM. To be discussed at the first meeting after the AGM.

ACTION: CB

**17. CPD Officer’s Business**

RB reported that the CPD day has been moved from the DeVere Hotel to the Copthorne Hotel on 18th September.

RB asked the Committee to vote on charging a fee of around £40 for the day. One of the reasons for this is to prevent people signing up for the event and then not turning up. It was discussed and voted against.

RB also suggested, going forward if the Committee would be happy to hold LOC meetings and/or the AGM at the Copthorne Hotel rather than Russells Hall Hospital as there has been occasions where access to the Hospital has been difficult. RB stated that security after 5pm could be an issue going forward. RB to consider the Beacon Centre as a venue.

Peter Hampson is the speaker for the CPD event and the topic is Record Keeping.

RB asked if the Committee would consider promoting an Aston University Myopia study. This can be put on social media.

**17.1 Workforce Development**

CB gave the following report:

There have been no meetings since the last LOC meeting, the next meeting is scheduled for 1st June.

The total funds allocated for grants so far is £25,200, subject to everybody completing their course.

The workforce committee have made significant progress with securing placements for IPs in 2023 and going forwards. Further grants will be approved in June, there have been 40 applicants.

Planned or being discussed for the future are: Further PEER Discussions on the core subjects agreed Workshops, for Paediatrics, FBs, Low vision (inc D.O.s) and dry eye. Training events for GAT (Inc D.O.s) Volk and Binocular Vision Co-learning events around OCT and Myopia Management Courses for CLOs to pay for additional courses to qualify for CUES are under consideration.

 **18. Authorisation to act and email conversations**

The motion from previous meetings was put to the committee (*the committee give continued permission and authority for officers to deal with and make decisions on matters that arise that need urgent attention. When this occurs, wherever possible a discussion by email with the Committee should take place before a decision is made. Whenever possible and reasonable officers should bring all matters that require decisions to the next committee meeting, and decisions will only be made outside meetings where waiting is not a realistic option.)*

Agreed unanimously

**19. Authorisation to act on ROC**

The motion from previous meetings was put to the committee (*The committee to agree to Charles Barlow and Paul Sidhu continuing to represent the LOC at HWMROC, with permission for them to use their judgement when deciding if individual decisions made there amount to minor decisions or major decisions. For decisions they consider minor they are authorised to act on the LOCs behalf. For all decisions they consider major they must seek to have those ratified by the LOC, and they must make this clear to the ROC.)*

Agreed unanimously

**20. A.O.B.**

CB informed the committee via report of the following:

Midlands Eyecare Transformation Network 6th April

This included:

* information on Biosimilars and the millions of pounds in savings that can be made, with potential further savings as more products come onto the market.
* Redcuing DNAs - 9% of Outpatient appointments in BlackCountry; 7.4% RHH.

**21. Date of Next Meeting**

AGM - 20th June 2023

The next LOC meeting will be held on Tuesday 11th July 2023 – 6.30pm via Zoom. The meeting closed at 8.05pm.

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| Action | Action by |
| Beacon Centre requesting assistance with a project. Ameerah has volunteered, CB offered support. | CB/AA |
| Committee to provide details to Mark for PAYE | All |
| Remunerations be reviewed at the first meeting after the AGM | PS agenda |
| PS to send his draft Business Plan to CB to review. | PS |
| SA to contact Mark Boucher at Dudley Council regarding Health Inequalities funding. Ridha Ahmed to send SA contact details. | SA/RA |
| CB is going to circulate a suggestion for some new officer roles, to be discussed at the first meeting after the AGM. | CB |