A close-up of a logo

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***Minutes for the Dudley LOC Committee Meeting held at 6.30p.m. on Tuesday 11th July 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, Rosie Birhah, Sonia Tyrell, David Wright, Nicky Ferguson, Hussnan Ejaz

**1. Apologies**

Sheena Mangat

**2. Declarations of Interest**

There were none.

**3. Co-opting of Members**

Sonia Tyrell was proposed to be co-opted onto the Committee – the Committee voted in favour.

**4. Election of Officers, including Extended Officer Roles**

Shamina Asif – Chair – elected unopposed

Paul Sidhu – Secretary – elected unopposed

Mark Tuffin – Treasurer – elected unopposed

Shazad Mahmood – Vice Chair – elected unopposed

Rosie Birhah – CPD Officer – elected unopposed

CB circulated prior to the meeting a list of Extended Officer Roles and the following people volunteered their services:

Ameerah Riaz Ahmed (ARA) – offered to support the CPD Officer/Independence Lead

HES Liaison Officer – Nicky Ferguson continuing in this role

Qadar Baz – interested in becoming Clinical Lead/Community Services Lead

Sonia Tyrell – DO Lead

Amir Afzal – Low Vision Lead/Pre Reg support

Hussnan Ejaz - Multiple Liaison Lead

David Wright – Domiciliary Lead

**5. Minutes of the Previous Meeting**

SA proposed and CB seconded as a true and accurate record.

**6. Matters Arising from the Minutes**

* Beacon Centre action point – Amir is now Lead
* MT to talk about PAYE in his report.
* Remunerations will be reviewed during this meetings
* PS has sent a draft report to CB
* SA to contact Mark Boucher – carried forwarded
* CB to circulate new Officer Roles – done.

**7. Correspondence**

There was none.

**8. CUES Update**

CUES updates covered in CB’s report at item 11.

**9. NHS Update**

Nothing to report.

**10. Chairs Business**

HLOP presentation was done to Solihull LOC

There was a meeting with ICB and Dudley Public Health around the use of DOCOBO and carrying out BP monitoring in Optical Practices.

CMO away day presentation – Shamina was invited, however she managed to arrange all the LOC Chairs to attend, and LOCSU did a presentation on HLOP, CUES as well as LOCSU pathways. The response from ICB was great and we managed to raise awareness of eyecare again amongst professionals.

LOC forum meeting – update from other LOCs but the main discussion was around Eers and how we need to be moving forward on that. Most of the action points that arose are being dealt with by Charles and Paul.

Ophthalmology meeting – there was a main discussion around Spamedica – however we tried to emphasize the point that HES should be writing back to us as well as providing us a up to date list of waiting times for each hospitals. There was a brief discussion around PIFU and virtual consultation and HES related issues.

I attended the influencing training organised by LOCSU – also attended by Qadir and Amir. Amir will be providing a report of what he learnt however below are the key points I took from the session.

1. Leadership is about taking people with you
2. It is important to resolve conflicts using influencing skill
3. When you are working as part of a team it is important to get yourself across
4. Cialdini influence is cultivating a positive relationship and this is done by finding unity, liking and reciprocity. Reducing uncertainty is the way forward
5. You bond better with someone that is similar to us and you have other past successes that you can demonstrate
6. There was a discussion around showing credentials – and also admitting any weaknesses that you may have
7. It is important to motivate people and confirm the benefits of a project, how unique it might be as well as what they stand to lose if they don’t take your project
8. Make sure your language matches the other persons ‘the takeout scenario’ about someone asking you to get takeout and to choose what you want but then not agreeing to the Chinese you want – you need to adapt’.
9. When putting an idea forward you need to think about the benefits or worse case scenario – match them. Also try and get people to think like you
10. It is exhausting to match yourself to how someone else thinks but the key is its your perception of them – you will get used to it as long as you recognise this

Finally SA has done some video promotional work as LOC Chair – one on ICB street on the feet video as well as how UV protects your eyes. So watch out for the ICB videos!

**11. Regional Update – CB report**

## Item 8 CUES/PES

The LOC has supported PES at contract meetings with the ICB.

The ICB has considered a single point of access for cataract referrals as they claim patients not being offered choice and are all being sent directly to ISPs. This was countered with the argument that the choice is given, but NHS Trusts need to improve waiting time report. A HVLC pathway would increase numbers. May be able to create different referral option on Opera.

There remain contractual challenges with some Trusts (BMEC & UHB) not accepting referrals. This is being dealt with by the PES Clinical Lead with LOC support. Pleaser report to PES and the LOC if you experience any problems with Trusts not accepting your referrals.

PES development of the CUES module is progressing, hopefully ready by the end of the summer.

**For Information**

## Regional Meetings

### Black Country ICS Ophthalmology Network Board

* Update on progress with HVLC cataract services – progress slow
* Single Point of Access (SPoA) discussion – recent additional funding offer now closed
* Accelerated 26-week Out-Patient Delays transformation discussed – including PIFU, Virtual Clinics and community follow up options
* Glaucoma Workstream Update – funding for community services a priority

Due to the restrictions on finances, there is little progress from this group at the moment. The same problems are being discussed, with us presenting the same answers, but no action.

For Information

## Workforce Development

Since the last LOC Meeting:

* Hospital placements for IPs have been organised.
* Peer Discussions continue to be written and provided.
* Alternative courses and workshops are being designed, including for D.O.s and CLOs
* 40 applications were received for grants towards Higher qualifications and 36 awards have been made

Once the next tranche of grants has been paid, there will be funds remaining to provide grants into 2024. Further work is proposed around how these grants will be targeted to meet the needs of the region.

For Information

## EeRS Update

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

* Actions completed since the last LOC meeting:
  + Attendance at Midlands Region LOC EeRS Collaboration forum, Black Country LOC EeRS group and ICB EeRS implementation group.
  + Dataset of practices 99% completed
  + Continued identification of practices only referring via paper or Fax, do not have a computer/internet access
  + Continued identification of practices that do not normally engage with the LOCs
  + Continued RAG rating of practices and barriers to implementation
  + Agreed role of local champions as required and content of service contract.
  + Agreed financial proceedures for claims for work done.
  + Regional Website EeRS page set up and management responsibility agreed.
  + Second Mailing sent to practices including MS Forms link and DSPT reminder. (45 replies)
  + Review of practice DSPT status from online portal commenced.
* Next steps:
  + Dataset of practices to be completed.
  + Continue updating online LOC resource.
  + Contact practices that only refer via paper or Fax/ do not have a computer/internet access.
  + Engage with poorly engaged practices via email/phone/letter/face to face
  + Engage with Cinapsis
  + Commence planning of engagement events.

**For Information**

**Please will all practices reply to the MSForms survey.**

For action by all practices

HWMROC (including confederation)

### Meeting 22nd June 2023

DESP issues and the response from IHI discussed – IHI to be invited to next meeting. Can any practices that become aware of patient reported problems with DESP please report it to their LOC.

For action by all practices

PS has created a regional web site – vote of thanks to Paul. [loc-online.co.uk/heartofwestmidlandsoc/](https://www.loc-online.co.uk/heartofwestmidlandsoc/)

PS is working on shared / referral guidelines.

Shared costs of a Black Country Eye Care Strategy discussed.

**For Information**

## Midlands Eyecare Transformation Network

### Meeting 1st June

This included:

1. RNIB presentation on Eyecare Support Pathway & Innovations in ECLO Delivery including:

* CVI support and examples of CVI direct referrals from Optometry
* Improving efficiency of Low Vision Services
* Reducing DNAs and improving accessibility
* Optometry Patient Support
* Remote and virtual support

1. Examples of successful implementation of Patient Initiated Follow Ups (PIFU)

**For Information**

CB asked HE and ST to send him a brief report on the issues they are having with Diabetic Screening ACTION: HE/ST

MT suggested that CB contact Sunit Jolly to find out about his experiences with the current Diabetic Screening contract.

ACTION: CB

**12. Hospital Liaison Business**

NF has been on annual leave therefore has nothing to report apart from Mr. Sharma has taken over from Mr Barry. SA asked NF to chase up official notification that Russells Hall hospital has no VR consultant at present.

ACTION: NF

**13. Secretary’s Business**

**13.1 LOC Dropbox**

PS has a lot of Dudley LOC files stored on his personal laptop and suggested that we have an LOC Dropbox for safe storage. Needs someone to manage permissions. PS to research costs ready for the next meeting.

ACTION: PS

**14. CPD Officer’s Business**

CET day has been organised for 18th September at the Copthorne Hotel in Dudley. RB has researched a possible couple of half day events with Spectrum Thea. Itinerary and invites near completion by RB.

**15. Treasurer’s Report**

MT reminded those that haven’t responded to let him have their personal details so that they can be put on the Dudley LOC payroll.

Balance is around £32K – including the EeRS money the total in the account is £126K. CB/MT are working on allocating EeRS claims.

**15,1 Agree fees for Committee work for the next Financial Year** -

# Dudley LOC Remuneration Review (CB)

Conflicts of Interest: All committee members are conflicted with regards to committee members and officers remuneration and any revisions will be taken to the AGM for transparency purposes.

## Current Remuneration levels:

1. In November 2004 the current remuneration level for a LOC meeting was set at £60 per meeting.
   1. ”Other Meetings” were paid at a rate of £40 per hour to a maximum of £250 per day.
   2. Travel expenses were paid at 40p per mile.
2. In 2009 the “Other Meetings” rate was altered to £80 for the first hour, £60 per hour afterwards up to a maximum of £400.
3. In 2013 a two tier “Other Meetings” rate was introduced in 2013.
   1. £80 for the first hour then £60 per hour thereafter to a maximum of £400
   2. Evening meetings or admin were set at £40 per hour
4. In 2021 the Evening / admin meeting rate was increased to £50

## Benchmarking

ONS statistics from 2009 indicate that if the fees set in 2009 had followed UK average wages and salaries annual growth rate, the Fees in 2022 would be £86 for the LOC meeting and the daily hourly rate.

Current locum levels for a day’s work vary significantly based on geography and role, therefore they are not a suitable benchmark to use.

In 2009 the NHS Sight Test Fee was £19.80 in 2023 it is £23.14. This is an increase of £3.34, equivalent to 16.86%.

In view of the direct link between the GOS Sight Test fee and the LOC’s income, it would seem reasonable to use the GOS Sight Test Fee as a benchmark and that this should be considered realistic by our contractors.

## Options

Increasing remuneration will increase expenditure and may require an increase in the levy.

Based on last years accounts, an increase in the Meeting attendance fee in line with the increase in Sight test fee will increase the overheads by £1280 per annum.

Increasing the “other meetings” rates will increase the overheads by £1918 per annum.

This will still leave the LOC with a surplus and still allow for a possible reduction in the levy if there are no unexpected workload increases.

## Proposals:

The Remuneration levels be increased in line with the NHS Sight Test fee increases.

For an LOC meeting £80

For Daytime meetings £70 per hour (to include meeting preparation and follow up actions) with a maximum claim for the day of £400.

For meetings outside of normal practice work hours (or admin) £50 per hour.

Travel expenses to be increased to 45p per mile.

**The following was agreed:**

LOC Meeting attendance - £80 – voted and agreed on

Daytime Meeting Rate increased to £70 per hour to a maximum of £400 per day – voted and agreed.

Meetings outside of normal working hours to be kept at £50 per hour – voted and agreed

Travel expenses to be increased to a maximum of 45p per mile in line with HMRC – voted and agreed.

Honoraria – Secretary increased to £900 – Treasurer increased to £950, Chair increased to £700 – voted and agreed on.

In addition to the report it was agreed that time out of the practice could be charged at £70 an hour to the usual maximum of £400 but that if the meeting was attended on a day’s annual leave it should only be charged at £50 per hour.

PS asked the Committee their opinion on meetings cancelled with little notice or same day cancellation. This was discussed and decided that if a meeting is cancelled with less than 24 hours notice then hours can be claimed at the normal admin rate of £50 per hour.

**16. 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

**17. 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

**18. A.O.B.**

There was no other business.

**19. Date of Next Meeting**

The next LOC meeting will be held on Tuesday 10th October 2023 – 6.30pm via Zoom. The meeting closed at 8.20.pm

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| Action | Action by |
| NF to chase up official notification that Russells Hall hospital has no VR consultant at present. | NF |
| contact Sunit Jolly to find out about his experiences with the current Diabetic Screening contract. | CB |
| HE and ST to send CB a brief report on the issues they are having with Diabetic Screening | HE, ST |
| PS to investigate Cloud file storage and report back | PS |