****

**Monday 11th November 2020**

**COMMITTEE MEETING USING ZOOM**

**DRAFT MINUTES**

**Present:**

|  |  |  |
| --- | --- | --- |
| Jane Bunker (Chair) (JB)  Hansil Shah (Vice Chair) (HS)  Sumila Kasaven (Vice Chair) (SK)  Eileen Gay (Treasurer) (EG)  Steve Roberts (IT) (SR) | Anita Jones (AJ)  Peter Chapman (PC)  Dawn Doe (Minute Taker) (DD)  Sai Karan Malik (SKM)  Wendy d’E Vallancey (WdEV) | Kavita Kathuria (KK)  Binal Patel (LOCSU Optical Lead)  Katie Patel (KP)  Sally Tucker (ST) |

**1. Apologies for Absence**

Apologies were received from Mary Bramley and Daniel Harris

**2**. **Approve Minutes from 7th July 2020**

KK stated that minutes needed to be corrected as they were now seeing children – JB advised to add “during COVID” to the sentence.

The minutes were approved.

**3.** **Matters Arising**

None

**4. Presentation by Jo Carter – Herts Vision Loss**

*Insert link to the presentation on LOC website*

Jo was asked to send leaflets for practices.

It was agreed that this could be included as a future CET event, discussed about adding to the Event on 23/11/2020

PC suggested putting a link to the presentation in the next Newsletter – SR to include in the next MailChimp notification – or the one after the CET Event

Jo asked who received a copy of their Sight Newsletter – and requested a list of practices so they could add to their mailing lists.

There was a test of separating attendees into break out groups for the CET event on Monday 23rd November.

Anita had issues with her connection

**5. CHEC Update**

JB has been liaising with CHEC – CHEC are the referral management centre for Herts Valleys and all patients other than children under 16 are referred to them. It all seems to going quite well, they are managing to catch up on their back log - contacting cataract referrals within 3 weeks and then listing them for surgery in about another 3 weeks. JB has been receiving complaints recently. JB wanted to check if others are receiving complaints about CHEC. She went on to describe 3 specific different patient experiences, two were her patients and one was Anita’s. JB added that there had been a few complaints but mainly about one technician and also that CHEC were telephoning patients to ask how the appointment went when the patient has not yet had an appointment. JB stated that she would like to keep a log of them and take it back to the CCG for discussion. CHEC contract ends this December (2021) so if we are looking to do anything about it being extended, we need to be looking at perhaps putting in a bid if we don’t want CHEC back, so this gives us approx one year's notice. Thouhgts are: Could we do it better; could we improve the patient journey; do we have time if we are all really busy, but going forward another year, things may be different and we might want to be more involved. JB was asked how she found urgent referrals to CHEC as on this occasion the Urgent box was ticked and week later the patient still had not heard anything – Addition for JB list/log – Urgent Cases – on the forms there are tick boxes for Wet, 2 Weeks and Urgent – if they cannot see a patient urgently then they shouldn’t say that they can.

**ACTION** – JB to ask CHEC how they code referrals and if they even check the tick boxes or not

**6. East & North Herts Update**

KK has been speaking with Matt Price and he is very keen to support a MECs or CUES service – KK asked how everyone felt about it and were they keen to do it. JB stated there is an East of England LOC group and some of them already had MECS running for while now and have either converted to CUES or blended/mixed the two. The problem now is practices are trying to catch up with their own backlog and, in one area, if a MECs patient arrives they have to be seen within 4 hours, if the patient is assigned to your practice you are responsible to call around other practices to find an appointment for the patient. If we do provide a MECs, CUES or a similar type of service, we should ensure that the assigned practice is not responsible for finding a gap for the patient because no-one has the time for calling around. A discussion took place on contract variations for other areas such as London, Cambridgeshire and Norfolk. HS said it falls with how the contract is negotiated. PC asked if LOCSU has some best practice guides for this. KK said that if this is something that we decide we want to do then Matt suggests a meeting with JB and/or HS, KP or representatives from the Committee and then go to CCG together as there may be a better response.

JB has also received emails regarding future meetings being scheduled: one for an Ophthalmology Working Group for the following Thursday Evening. There are 150 attendees listed consisting of ophthalmologists, East & North Herts, Herts Valleys & West Essex CCGs, as well as Optoms and Orthoptists. JB will forward the details to Matt Price and get him added to the list of attendees, as she thinks he should be in attendance as well. WdEV added that there was another meeting invite for JB from E&NHCCG who wanted to do a MECs service in one part of their area. It appears the groups are all working independently unfortunately. Matt has always been interested in setting up a MECs Service as currently there is nothing in E&N.

KK added they are trying to reduce the number of referrals to Urgent Eye at Lister and it makes sense to do more in practice if funding were in place.

At the moment Lister are seeing stable Glaucoma patients once a year with an ophthalmologist in clinic and were wondering if there could be step down glaucoma monitoring clinics in the community by optometrists. However, at the moment there is no way of communicating backwards and forwards so couldn’t get an ophthalmologist to look at their OCT. There would need to be a system put in place for this first. How does everyone feel about this service if funding were in place? JB said that this and continuing care were interesting, but did not feel that sufficient funding would be available. HS explained that in South London area they did not have this as yet, so had no funding details, but explained that it was something they were looking to for the future and the local LOC would fund optometrists for Level 1 Glaucoma Diploma. KK summarized that even with funding, the worry was it would not be sustainable. It was also mentioned that with demand on services and long waiting lists, there were rumblings that practices were opting to see their private patients rather than NHS ones.

Children (E&N) – they are looking to get a proper pathway with a feedback service, which again tariffs will need to be negotiated with CCG

The final item from E&N is that they want to move the Urgent Eye Clinic to a booking system, not happening immediately but they will be working on this going forward, which would mean no more walk-ins at the clinic, instead all patients will need to be referred. A discussion ensued about where patients would go now, and KK said still the Lister, but no more walk-ins with a letter, which led to the topic of contacting Lister, which it has been said has improved. KP said that our contacts for Lister need to be clearer and wanted it clarified if this was for emergencies or routine. KK confirmed that is emergencies and urgent only and routine referrals are required to go via the GP. KK went on to say that during Lockdown she had obtained an e-mail address from KK which has worked excellently, KK said this was the Secretaries address and to note that they were not in on Saturdays. JB asked KK to look at our Referral Contact Sheet and check that the details are clear enough.

JB mentioned that because we have no Out Of Hours Care in Hertfordshire and that she has been contacted by Moorfields to say that patients are being sent to them without letters or appropriate pre-authorisation, an Urgent Eyecare Pathway Meeting is being set up to try to obtain an Out Of Hours service for Hertfordshire. The meeting was cancelled, but has been re-scheduled, so there might be some Out of Hours emergency eyecare service coming in the future. KP mentioned that if Moorfields were refusing to see Hertfordshire patients then Western Eye Hospital were happy to see them. JB said that if you do refer a patient to Moorfields, make a note of who you have spoken to and the time. She went on to explain a scenario she had dealt with. SR enquired whether the Moorfields contacts on the Referral List needed to be updated as it states “Only refer if local hospital clinics are closed”. JB said we can refer, but with prior approval only, do not just send the patient up. SR to change to say “Prior Approval Only”

**7. Stort Valley**

Stort Valley sits on the East of Hertfordshire and borders onto West Essex. In the past year, some patients with a Hertfordshire GP have been referred to an Optom in West Essex under a MECs scheme, the practice in West Essex cannot claim for seeing these patients so are either seeing them as good will or charging the patient. This is causing the patients to get upset because if they were with a GP in the West Essex area this would all have been funded. E&NHCCG are looking to have an agreement with West Essex so that the few practices that sit on the border can be included in the West Essex MECs, which may be the start of Hertfordshire having a MECs Scheme. The contract is only until January 2021 so the Practices on the border, Bishop’s Stortford, Sawbridgeworth and Much Hadham, might try to join for the next three months and, if the service is re-commissioned, they will become an associate of the West Essex pathway. WdEV said they were offered this in Ware when the service started, but due to the amount of paperwork and having to confirm where the patient’s GP was, it was too much. A discussion took place where JB explained in more depth how the system would work. EG has many Essex patients and asked if West Essex would pay for the Hertfordshire patients, JB said no ENHCCG would, which is how the MECs service would come about in Hertfordshire due to in-equality across the county.

**8. LOCSU Update**

Binal was our Optical lead, but due to personal circumstances she has stepped back from this role so at the moment we do not have an Optical Lead. However, Richard Rawlinson is helping us with any problems.

The rest of the update was about the East of England Group, which has already been covered. Cambridgeshire have got a MECs/CUES combination, Bucks have CUES, but only in a few practices. Suffolk are interesting because they have a type of CUES that a company called Evolutio are running, slightly odd scheme because they are both the triager and seeing the patients. They are also controlling how much the Optoms receive for seeing a patient.

LOCSU have a new Website platform that some LOCs have transferred to – SR will be covering this later in the Agenda.

At the last East of England Forum meeting, they had a presentation from SeeAbility, a company set up to provide specialist support, accommodation and eyecare for people with learning difficulties, autism and sight loss. There were a couple of useful forms, one called “Telling the Optometrist About Me”, that the patient can fill out before the visit, which is picture orientated. There is another one called “Feedback from My Optometrist” which is completed by you after the examination and suggests the things they can and cannot do, when to wear their glasses and when not to. This would be very useful information to the Carer. These are to be added to the Website.

**9. NOC 23/11 to 04/12 – Committee Sign Up**

The National Optical Conference (NOC) is run by the AOP and this year is being run virtually with a series of daytime and evening sessions over two weeks starting on 23rd November through to 4th December. At the moment, the only sessions available for booking are evening ones. Due to it being virtual, there are no restrictions on the number of attendees and you do not have to be an AOP member. SK will put a link to the LOCSU website and the session bookings in the WhatsApp group. We would like someone to attend each session and report back. If you could also put in there which sessions you would be interested in signing up to so that we can try to cover all sessions. At the moment, there are 4 sessions available for booking. SK gave the dates and details of each of the sessions. There is also a podcast by Richard Whittington and she will put this link in the WhatsApp Group too. SK assumes the daytime sessions will be added at a later date, but is not sure when. EG asked if the links could be sent to her via e-mail as she does not have WhatsApp.

Natural rotation of Committee Members – the model constitution that LOCSU has put together, suggests that LOCs need to ensure that there is a rotation of Committee Members – SK will put the link to this in the WhatsApp Group for people to read this. Previously, we have not really monitored this or looked at it in detail. We would like to start to put this in place. SK will send out a link to an online Form to be completed, with questions about your length of service on Committee, the role held, your profession/qualification, practice type you work in etc. We are not looking to change the roles or remove people from the role, we just need to start monitoring the situation to ensure we are following the Constitution if possible.

AGM Survey Feedback – There were 6 questions on the Survey. There was a total of 22 attendees. SR advised SK that there were 13 Committee Members and the rest were observers, this possibly being the highest number of observers we had ever had, which was good. The response rate for the survey was 45%, which was 10 out of 42, which is thought to be pretty good. SK went through the questions and some of the feedback received. When asked for comments about this, WdEV said she thought it was impressive and SKs organizational skills were excellent. SK asked if anyone had any ideas on how to increase the response rate, and that we were unable to ascertain whether the responses were from committee members or observers. There was a discussion about incentives which brought on the following from JB:

PPE equipment – JB and KP have both received PPE from different sources, therefore we have a small stock of it. JB assumes that practices are now receiving the equipment free via NHS now. Therefore, KP needs to either use it or send it out – does anyone have ideas on what should be done with the free PPE? Response came back that it should be used. KP said that she has many, many face shields so if anyone wants any, please go and collect some. KK to ask if Hospital would like any of the PPE, KP to send KK a list of equipment she has. HS suggested putting on next Newsletter.

**10. Treasurer’s Report**

We are in a better financial position than EG expected. The main concern at the LOCs Treasurer Meeting was practices leaving the GOS, but it is noted that is on the Agenda as a future item, but if anyone has anything they would like to ask EG or leave it until the later item. No questions.

**11. Chair Update**

In a couple of other areas in England, some practices have started to opt out of having a GOS contract. The LOC is funded by a levy from the GOS Sight Test, so if every practice opted out, the LOC would have no funding. JB is not sure if there is something legally binding for this and it is complicated because we have to go with the Opticians act. The Opticians act mentions there is this levy, but there is also there is a little bit in our constitution that says we can raise funds from other places, so there is a sort of a ‘get out’ clause we could look into. JB wondered if anyone had any views that if practices do opt out of their GOS contract but still want to belong to the LOC, should we try to charge them, how would we manage it, because JB thinks what we do is hopefully valuable. However, if a practice does not pay anything towards us, should they still be party to the information we disseminate? Does anyone have any ideas? Perhaps an annual fee? Could we password protect our information to prevent it being shared?

If it was only one practice in the area that left GOS, JB did not think that would be an issue, but 50% would cause concern. Has anyone heard of a practice leaving GOS – response No. There was a short discussion including the thought that it would more likely be affluent areas where the opt out would occur. JB added that the NHS have allowed some practices to reduce their GOS hours as they do not want practices to opt out as this could mean no NHS sight tests. JB said she has included this to make members aware of current concerns and asked, if members heard anything, to advise her and then maybe discuss it again at another meeting.

JB wanted to run by what we should do for people doing courses. There are various LOCSU courses for which the LOC might pay a contribution for your time if there was a benefit to the LOC itself. However, there is the worry that if everyone signed up to do a course, it would cost the LOC a huge amount and there would be nothing left. JB asks how everyone feels about the LOC paying for someone’s time to attend a course if the LOC is going to benefit from them attending. In future, JB would like to suggest that prior approval be sought and if the LOC would benefit from attendance at the course, they could initially contribute towards half of the person’s time. If you were still with the Committee in a year or 18 months time, then a contribution towards the remainder. EG said it would depend on how you would quantify the course being of benefit to the LOC. JB suggested writing a proposal on what the LOC does regarding courses going forward and something may need to be added to the constitution. She thinks it needs to be fair to everybody and that for future reference, they are aware if they want to attend a course and think it might be of benefit to the LOC then come talk to us, but if it is for your personal gain, we might not be able to pay anything to you. Someone asked if there a list of highlighted courses that would be of benefit to the LOC or that were personal. JB responded that there was a list of LOCSU courses and some of them could be funded by LOCSU, JB would look at courses done previously and the LOCSU website and share the list with everybody.

**12. Any Other Business**

* What do we do if a practice opts out of having a GOS Contract and wants to stay with LOC This item was covered in Item 10 –Chair Update
* Report on Survey sent out after AGM

This item was covered in Item 9 - NOC 23/11 to 04/12 – Committee Sign Up

* Website, E-mail & Communications Update:

Communication e-mails are going out approx weekly now that things are a bit calmer. Tried to make the website look less busy, making the links to the main optical bodies, with the last months' worth of e-mails sent out to try to keep things cleaner and easier to navigate. We do have the option of using the new website template from LOCSU, but we have resisted so far. SR shared comparison of how the current website looks and what the new platform would look like. The biggest advantage with the new template is that there is a member’s only area where we can put items that we do not want in the public domain. It would be a time-consuming task to transfer the information onto the new template, which would incur cost to the LOC – SR wanted to know the thoughts of the members on this. HS stated he was happy to leave the website as it is for now and then discuss post pandemic.

Social Media – SR & Amisha attended a LOCSU Induction Course. Amisha gave some facts on social media, named the most popular sites and reasons why the LOC would want to use it. The media site raised as on option was LinkedIn. KP said she raised this a few years ago. How much would be gained compared to how much time would be spent on keeping it up to date. JB asked whether this would double up on the Newsletter/Mail Chimp or would LinkedIn replace this. Not all have LinkedIn accounts therefore it would be a case of using both. JB offered to contact East of England LOCs to see what site if any they were using and how was it going? Discussions continued on what policies and safety nets/plans, the reputation of the LOC. Who would be responsible for replies? Probably more research required.

PC stated this is an important topic that should be given more time and be added as an early item in another agenda. SR suggested a sub meeting.

* PPE – repeated from earlier but left in for completeness

JB asked for ideas on what to do with the PPE equipment still being held by KP and herself that had been received at the earlier stages of the COVID outbreak and Lockdown, now that they were receiving equipment for free from NHS. A discussion took place KK is going to ask if the hospital would like to have any of it. It was also suggested to include an open question in the next Mail Chimp Newsletter, “We have a supply of PPE, it is in Welwyn Garden City and available on a first come first served basis on prior arrangement” – if the KK still has the equipment within 1 week of e-mail she is to use it, or KK will donate to QEII or Lister Hospital.

* November CET Event

MB was not in attendance of the meeting and ST had to leave earlier, JB said that they were going to mention that Priya Prakash from PAH approached us offering to run the CET event, which is joint with West Essex on this occasion. There will be about 110 attendees so Committee Members will be required as Facilitators, thank you for not pulling out. SR wanted to reassure everyone that facilitator role will not be as bad as it sounds and he will be looking after the technical side of things. EG stated that her internet connection is intermittent and would cause issues for her to be able to be a facilitator.

* Addenbrooks

Addenbrooks now have a centralised/generic nhs.net e-mail address for optometrist advice that will be manned 0900-1700 Monday – Friday. Referrals are still to them via GP for routine, or the emergency referral address or Wet AMD pathway. Their ‘Out of Hours’ is to call the On-Call ophthalmologist. KP has checked the Contact List on our website and she does not believe the number for the On-Call Ophthalmologist is on there. KP to contact Addenbrooks for the central On-Call Ophthalmologist contact number so that our Referral Contact List can be updated.

* Optegra

Optegra have got back to JB, she wanted to see what they were doing. The nearest one to us is the North London one. They are doing 3-4 weeks before they see the person after a referral and then 2 or 3 weeks for private and then 4-6 weeks for NHS. Any NHS cataracts for Optegra now will be in the New Year. They are keen for us to get involved. If we refer a private patient to them, they will refer them back to us for post op and will pay £125, an NHS patient payment will be £43. Patients can be referred on either route. Optegra did have a problem and the NHS stopped them from doing any surgery, but they are back up and running now. You have to be accredited, which JB thinks is the WOPEC course. If anyone who refers to Optegra and wants to know a bit more, please let JB know.

* West Herts

A while ago we asked for Optoms who wanted to volunteer for the West Herts Diabetic Eye Screening Program because they had a back log of 7,000 patients. Quite a few Optoms volunteered and are helping them out doing VAs, dilating them and taking photos. The lady said it was really good and she was really grateful for all the help, it has been absolutely great and thanks very much.

**13. Date of Next Meeting**

The dates given were the 11th or 18th of January. 18th January was most popular; therefore date of next meeting will be 18th January 2021.

JB thanked everyone for attending she did not realize the meeting would take this long, but it went to show that there is a lot going on in the background. All the help and support on everything and keeping things up to date is very much appreciated. Kavita for doing East & North, Anita has been covering some bits for the Chair, Katie keeping us to speed on Addenbrooks, Steve and Amisha doing the course and updating us, Eileen all the Treasurers work and Sumila keeping us all up to date. She said that it feels like we are all now contributing a little bit more. It is great that the roles are being shared out a bit more so a huge thank you from both Jane and Steve.

KP said a thank you to Jane and Steve for all their work on the communications being sent out, without these we do not know where we would be without all the information given.

Thank you Hansil for helping out and Chairing the Meeting.

Meeting Closed at 21:15