



Monday 8th February 2021

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)

Mary Bramley
Anita Jones (AJ)
Peter Chapman (PC)
Dawn Doe (Minute Taker) (DD)
Sai Karan Malik (SKM)

Wendy d'E Vallancey (WdEV)
Kavita Kathuria (KK)
Katie Patel (KP)
Sally Tucker (ST)
Amisha Pau

1. Apologies for Absence

Apologies were received from David Fleming and Daniel Harris

2. Approve Minutes from 16th November 2020

The minutes were approved.

3. Matters Arising

Item 4 - Herts Vision Loss

Action: -Outstanding, SR still to upload leaflets to LOC Website

Item 5 – CHEC Update

Action:- JB asked CHEC about the Referral Tick boxes. If you select Urgent, it goes to the top of the triage list, then two week wait and routine. They are triaged that day and sent to the booking team where they are re-coded if they disagree. The booking team will contact the urgent cases within 2 days. So there is a system in place for Tick Boxes.

The Out of Hours and Ophthalmology Group Meetings JB mentioned were cancelled due to lack of availability for attendees because of COVID.

Item 7 – Stort Valley

The MECs system for patients of Hertfordshire based practices that sit on the border with West Essex is still up and running. The costs for the MECs activity are being met by E&NH with the governance and everything else being with West Essex.

Item 12 – AOB

Website, E-mail & Communications Update

JB contacted the East of England LOCs to see what they were using. Some of them use WhatsApp group for queries, some use Facebook for urgent items, but most use e-mails because they are traceable. So probably best we continue with emails.

It was agreed that the email process being used at the moment would continue because members stated they were secure, helpful, clear and informative.

4. Chair Update

As the last update was in November, JB prepared a list of the things that she had covered since January, which was six weeks ago, the notes covered 10 sides of paper!

Thank you all for understanding and agreeing to move this meeting from 18th January to today, there was so much going on.

An electronic eye referral system that had to be gone through and specifications sorted. Just before Christmas, 23rd December we had a specification for an electronic referral eye system. The email requested a quick read through of 13 sides of technical jargon on how things are procured and commissioned. Being able to refer a patient including the full OCT Scan, from all the various OCTs, all the various practice management systems, then uploaded into the new electronic referral system, then sent to the hospital of your choice; (who all had different electronic systems), to then be downloaded to a consultant to look at and reply to you. No-one realised the technology combinations and that there were about 40 different practice systems in use. They wanted daily "Huddles" at 1500 every day for a couple of weeks in January. Attendees were from NHSE, CCGs, Hospital Trusts, and Finance. The gentleman from Finance asked who would be signing this off and was informed it would be him. He said it would be interesting because no-one had consulted the parties involved to ask them what they wanted and there was no funding for year 2. This all had to be signed off by mid February.

COVID Vaccination Programme. SR has been a great help with this. We have been acting as a link between the practices, The CCGs, East of England, Lister and Watford. With constant almost daily changes to the signing up processes, which have eventually now been sorted.

JB had hoped, as promised to keep everyone more up to date with what she was doing on a weekly basis, but with all the e-mails, Zoom and Teams meetings, it feels unfair to charge the LOC for another hour to write a report, but she has done a diary for the past 10 days and the people she communicates with the most are West Essex CCG because a lot of the Policies include them and us in the STP/ICS. HVCCG - we are becoming the main contact for them now for any queries, one such being changes they wanted to make to the GOS contract which they obviously can't as it is a national contract. East & North, mainly Lister Hospital (Matt Price, Orthoptist/Clinical Lead) - Kavita and Matt keep us up to date with what is happening there. They are now on emergencies only. For NHS, it is Optometry East which covers whole of east of England and they were useful for people who have not received their GOS grants. NHSE&I inundate us with communications, some of which are not sent on because they do not seem relevant, particularly to optometry. LOCSU are always sending out updates. There is also an East of England Forum, which consists of all the LOCs in East of England, this is helpful because they have had or are going through the same problems as we are.

There is a new Clinical Director at West Herts Hospitals Trust (Stacy Strong). She has come from Moorfields and is a retina specialist, has been in the post for 2 weeks and is keen to come and meet us.

Other e-mails include notification of Webinars, which some may have already attended.

Lydia Chang, Consultant would like to come and talk to us about glaucoma, current treatments. JB has asked to her check all the referral details for Luton & Dunstable.

Email from a contact in East of England who was trying to get all the students at the University of Hertfordshire vaccinated. JB liaised with Pharmacy Lead at HVCCG to help organise this. So now all Year 3 & 4 students are going to be vaccinated.

JB has been in contact with CHEC to see how they are doing – they are still working as normal, as they are not dealing with any urgent eye care so are still seeing patients within a couple of weeks, they are doing bilateral cataract surgery. They are keeping on top of all of their referrals.

We have been offered vaccination slots at Ramsey Health, Denise Benfield. Also, an offer for their Consultant to do lectures.

JB thinks that with help from Steve they have sent out at least 2 MailChimp communications per week over the last 6 weeks, since the start of COVID about 100 MailChimp Communications have been sent out compared to the previous 3 or 4 Newsletters per year.

5. Treasurer's Update

EG said she had not received any of the documents for the meeting until a short time before the meeting and she had sent her reports to DD and hoped they had been circulated. SR stated the reports and documents were sent out and apologised but Mail Chimp does sometimes go into the Junk Folder of people's inbox. EG noted that the Agenda stated we were going to discuss the budgets. This is a report that is usually done for the AGM, so had not prepared anything for this meeting. It is not in EG's control at the moment to agree because we are unable to alter the statutory levy until everyone is connected to electronic EOS so our income is fixed no matter what. If we are happy with our reserves at the moment there is nothing that can be done about it. JB asked if we were still getting the levy through as normal and was it the same amount. EG said yes the levy was being received pretty much the same and the amount was correct. JB said this was interesting because practices are saying there has been a bit of a downturn on the number of patients coming in. EG said the payment received was December's, so if the downturn was around Christmas time, which she has noticed in her practice it will be reflected in future receipts. The books for last year are all with the auditors and the numbers all add up.

6. CHEC & CCG Update

In November, as JB touched on earlier, we were discussing the urgent CHEC triaging and one of things that come up was it is 2 hours, contacted the next day if priority urgent. However if it is a Friday nothing will be done until Monday so the best thing to do for anything that is urgent is to contact ACS and chase it up. The Admin Clinical Helpline can also be used to chase and speed up referrals, which is what AJ is doing. Bridget Morgan (CHEC) sent e-mails to everyone regarding what was happening over Christmas and then in Lockdown. Free transport was now being restricted, however the sites were still COVID green, hence all outpatient appointments at 4 weeks, Cataract consultations at 2 weeks, Cataract surgery at 1 week and YAG Laser at 2 weeks, so all running really well. There was a question from a colleague who was concerned about out of area patients, didn't know what to do, do they use CHEC or do they refer to the GP. When CHEC were contacted they said yes just send out of area patients to us, no problem, but this was not the case because CCG said you can't do that as the patient has to be registered with a Herts Valley GP practice, so it's a case of if you are in doubt and/or the patient is on the border refer to the GP. The other thing raised was practices were choosing not to be part of the CHEC community clinics for glaucoma and cataracts, possibly because of COVID financial situation. It is believed other practices have joined in these schemes, this all depends on how busy the practices are and if they have space to take on these clinics and support CHEC.

7. E&NHT Update 2021

Routine care has been cancelled for now because most of the nurses and half the doctors have been redeployed to help out with COVID. They would still like to organise a CUES or MECs service. JB asked what everyone's opinion on the MECs & CUEs was, are they interested in doing MECs, are they keen or are they fully booked and do not want to be seeing a patient for £35 or £50? If everyone is keen to do it and have capacity, because one concern is if they are fully booked and have no gaps then they will not want to see that patient. If the general consensus is they are keen to be involved then it will be worth seeing what can be done, but nothing will happen whilst COVID is here. A discussion took place about if people are keen and what services or issues would prevent commitment.

8. Rotation of Committee Members

A document was sent out to Committee members showing their role and how long they have been doing it, which will need amending now that some members have advised their exact length of service. It was just an exercise to see how many had been in their role for year and how many had been in it for three years or more. The Model Constitution states that there should be a fair mix of committee members, so ideally 6 local contractors and 6 local performers. We have a fair mix over 18 committee members rather than 12, which is good. The Chair, Vice Chair, Treasurer and Secretary would serve for 1 year and then be up for re-election. Because DD is a Lay Member Secretary she is exempt from this rule. It is important to add here, that even if you were up for re-election you could still be re-elected into the same role again. We need to ensure rotation is

happening and that this is recognised at the next meeting after the AGM. Last year a few new members joined the Committee. It has to be considered that anyone might like to take over one of these roles, if you do then please enter a proposal to Jane before the AGM. A question was asked if it mattered that as a member they were not a contractor or performer. SK stated no as this was one of our 3 allowed co-opt memberships, along with ST and PC. SR also covers the DO element of the committee. It is thought that there would be no issue with the number of Committee Members being 18 even though usually there are 12 because most LOCs vary in numbers anyway. It has to be recognised that members may wish to leave the committee due to time constraints, etc as they may not be able to contribute. SK said that she has moved to Surrey and is working there now so she will be stepping down from the role of Vice Chair, but going forward she would still like to attend these meetings. This needs to be noted before the AGM as this position will need to be filled if it is decided that we continue with 2 Vice Chairs. JB is happy to keep 2 Vice Chairs, which was introduced when SK and HS took on the role as they were new to the committee and could support each other. There was a discussion about this with the census being we keep 2 Vice Chairs. MB & ST both stated that should the number of the committee members need to be reduced then they would be happy to stand down. AP said she would happily help out with the CET side of things, but could not take on too much at the moment because she is due to have a baby in May. SK said that she understood when the notice of the AGM was sent out that an invite to join the committee was also sent so it would depend on the response from the invites. SK re-capped that the committee membership elections happened at the meeting after the AGM and any proposals would need to be sent to JB prior to the AGM. SK volunteered to co-ordinate the membership elections, at which point there was a discussion about using an external company for this in the early days. Also at this point it was raised that the elections took place at the AGM and that the roles were allocated to the members during the meeting after the AGM. It was agreed that we would go with the previous way of carrying out the elections and not as stated in the Model Constitution. SK pointed out that doing it this way would mean that we would need to know who is standing for election/re-election so that we were ready at the AGM. The date agreed for the AGM was 22nd March. 3 weeks prior to this date something needs to be sent out. It was agreed to have a half hour Committee meeting, followed by the AGM and then a 15 minute meeting to allocate the roles. SK asked if she changed to an observer role instead of a Committee member, due to her now being in Surrey, but SR said as she was acting, would it be possible for her to be co-opt. SK to enquire with LOCSU.

9. New Website Update

SR was disappointed when he saw the new template as it is not that different to what we already have, he showed an example of the new LOCSU template being used by another LOC. The new template is aimed to be more interactive and you can have more by way of images and that kind of thing. We have not transferred to the website yet partly due to cost, it would take SR some time to transfer all the information over and build the new website. There is also a concern about the risk and familiarity, we want practitioners using the website to know immediately where things are and as they are used to the current website. However LOCSU has stated that the current templates will be wound down by the end of June thus forcing our hand. SR intends to start populating the new website and bring information across to the new template in March. He intends to run both websites in parallel for a month or so to hopefully be able to highlight any issues before we move to the new template alone. It is expected to take 10 hours in costs for him to complete this task. There is also an option to have a sign in area that will not be accessible by the general public, this does not need to be completed in the early stages, but we will need to start to consider if we want this and who would be given access. If there is anything not on the current website that you think should be, SR is open to ideas and suggestions. He would like to share the new template with the committee prior to it actually going live.

On another note we now have more than 400 on our mailing list, which has increased from 280 within the last year, driven by COVID and need for information, which is an excellent amount of growth.

JB raised the subject of e-mail addresses, with addresses like Chair@ and ViceChair@. SJ agreed that this would be possible, but would like to have the new website template up and running before moving to change the e-mail addresses.

10. NOC Update

SK wanted to approach this differently so rather than have each attendee go through a short summary, she asked if EG and AJ would mind her sharing their individual reports on the sessions they had attended with the rest of the committee and both agreed this was acceptable. There were 8 sessions in total, but 2 of these were not covered, they were The Central Optical Fund AGM and the Student Engagement Session. JB and KK were asked to write similar reports of the sessions they had attended to also be shared with the committee. All reports will be sent out together for members to read.

10. CET

The virtual event in November 2020 was a huge success. MB discussed the e-mails she had received with regards to possible future talks with one being from Michael Hunter, a Mid Essex Ophthalmologist and asked if what was required was just a talk on something or a talk from a local ophthalmologist. It was also mentioned that Lydia Chang would like to do something on Glaucoma. JB said that if these people are keen and there are 2 glaucoma links could that be run as an evening. It was suggested that a virtual event should not run longer than an hour as it is quite different to actually attending a 3 hour event, interacting with others and having food. ST suggested a Peer Discussion lasting about 1^{1/4} hours, as 2 CET points have been received previously for one of these, where as a Peer Lecture would be 1 point. There was a discussion about who would be good to give a talk and what subjects should be covered. JB said that she and AP had attended a GOC, CET, CPD webinar and AP was going to say something about the way the GOC see things going forward into 2021-2022. AP said that things would be moving away from CET to CPD in line with what other professionals are doing. The difference is that CET is about keeping up to date on certain competencies with no real opportunity to enhance skills, where as CPD is Continued Professional Development, which enables you to hone in on skills that you want to enhance and further develop. The new cycle starts next year. The GOC have been updated on where everyone is at the moment and feel that a lot of people are going to be needing points towards the end of this year. AP asked if everyone present was on track to get their points for this year and the majority answer was yes. It was highlighted that due to having extra tasks such as home schooling some others may be finding it difficult to find the time to do CET, which echoes the information the GOC has received. AP suggested sending out an e-mail to ascertain what the competencies are to arrange CET around this. It was agreed this was a good idea, as we usually have 2/3 CET events per year and if we wait for the responses to see what is required and then arrange events for possibly June, Sept and November.

MB asked if CPD had to be practical and skills based. AP stated that would not be the case and where with CET approval has to be gained for every topic there was more flexibility with CPD as approval will not be required for every event/session. The GOC will audit a percentage of all CPDs undertaken. At the moment the GOC have only drafted the guidance, but as soon as we get an update it can be shared with everyone.

Perhaps send a survey asking if there is anything that practices would like support/assistance with. JB summarised the actions to send out an e-mail/questionnaire asking about 2 points, What are you lacking? and What would you like to do if you have achieved everything? Then from the responses received arrange 2/3 evening throughout the year. The GOC said it was Contact Lenses, Assessment of Visual Function and BV as the 3 competencies that people are mostly lacking. JB to go back to the 2 volunteers just to advise we are deciding upon topics, just to keep them keen.

11. Any Other Business

A recap of the date for the AGM and the format for the meetings, Pre Meeting 1900, AGM 1930 and then 15 min meeting. Also the voting and allocation of roles process was clarified.

Lateral Flow Testing

AJ was interested in how everyone feels about the lateral flow test and is this something everyone is doing? A few members said that they were doing it. JB had heard that it works better when

done in the morning and she records it on both work websites. AJ added that she is having difficulties getting some of the staff in their branches to do it and asked if there was anything stating it had to be done. JB thinks there is a directive from NHSE stating that it is compulsory, it is definitely for the Herts Community Trust. There was a discussion about whether it is actually compulsory for private practices and how various companies are approaching this. There is also a lot of negativity around this on social media which could be having an effect on this.

Action JB to ask LOCSU and ask if there is a compulsory directive for this.

PPE

KP had a stock of this, a couple of practices and a local multiple have taken most of the stock, but she still has face shields if anyone wants them. JB advised to donate them to a local school.

Helpful Tip - Face Mask

MB advised that applying micro-pore tape to the inside of the normal surgical face. Fold the micro-pore tape sticky side out and with fold at the top, put on the inside of the mask from the nose outwards, you can do a whole test without anything steaming up. She also now does this with the patients and it is almost like going back to testing pre masks.

Another tip is anti fog spray and wipes on the equipment and bulk lens gives 80% improvement.

Huge thanks to all present for all the help with special thanks to JB and SJ for their continued work during COVID getting all the information out.

Meeting Closed at 21:00