

**Monday 8<sup>th</sup> November 2021**

**COMMITTEE MEETING USING ZOOM**

**DRAFT MINUTES**

**Present:**

Jane Bunker (Chair) (JB)	Anita Jones (AJ)	Deepali Modha (DM)
Hansil Shah (Vice Chair) (HS)	Peter Chapman (PC)	Kavita Kathuria (KK)
Steve Roberts (Vice Chair & IT) (SR)	Karan Sai Malik (KSM)	Sally Tucker (ST)
Eileen Gay (Treasurer) (EG)	Amisha Pau (AP)	Wendy d'E Vallancey (WdV)
Sumila Kasaven (SK)		Dawn Doe (DD) (Note Taker)

**1. Apologies for Absence**

Amisha Pau, Hansil Shah & Sumila Kasaven to join meeting at 20.00 (8pm).

DD contacted JB to advise she was having difficulties getting into the meeting and had to leave early due to not being able to hear anything she will type up the minutes from the recording.

Apologies were received from Daniel Harris, David Fleming, Mary Bramley and Katie Patel

**2. Approve Minutes from 19th July 2021**

SR and JB apologised for the papers being sent out late.

JB suggested that she meet with HS, SR and DD shortly after the meeting once the minutes had been typed up so that the minutes could be checked and sent to members closer to the actual meeting. AJ said it was a good refresher to receive minutes on the day and PC agreed. JB said she would still like to meet and complete the minutes earlier and possibly send them out 10 days to week prior to the meeting.

It was agreed that the meeting notes should be shorter, more bullet pointed.

EG highlighted in Item 12, that JB would arrange a wedding gift for Sumila. JB said that she had sent a card on the day from all. She had designed a T-Shirt and thought that if the COVID numbers were going down, we could have 'real' meeting in January and present the T-Shirts to her with a bottle of Champagne. All said it was a good idea.

The minutes were approved.

**3. Matters Arising**

PC asked how successful the job vacancies advertised via the MailChimp Newsletter were. WdV advised she had not received any applications via the MailChimp for her advertised vacancy. As we are receiving more adverts to be placed, JB asked what others felt. JB felt it was nice to do and, for those moving to the area, would hopefully encourage them to sign up to the local LOC. It was agreed that the vacancy adverts would continue. JB will contact the person with the latest advert to see if he has had any responses from the MailChimp advert.

Some slightly sad news: We will have 2 members retiring before or at the AGM. DH has family issues and is retiring with immediate effect. MB will also be retiring for family reasons but will leave after the AGM. DH and MB have been Committee Members and involved with the LOC for a long time.

**4. Ongoing Studies in Ophthalmology**

ST has not worked in practice for a number of years now but she is VP of Europe for a clinical research organisation which supports clinical trials in ophthalmology. It is a global company and ST oversees all their European operations covering all countries that are member states of EEA and UK, Scandinavia, Switzerland and so forth. Patients have little awareness of on-going clinical trials - statistics show that only 3% of patients with a clinical condition are aware of any relevant trials. For many patients, especially those with degenerative

conditions with no treatment, this could be the only potential treatment. How can we involve optometrists for pre-screening of patients? The optoms have large number of patients and expertise to screen for eligible patients for inclusion in trials. This would be paid. ST wanted to raise as a topic for discussion and wanted thoughts to see if this was feasible before going to the Advisory Board. Initial thoughts are that this is a good idea.

**Action:** ST to go to Advisory Board and report back to Committee the decision and process.

JB then clarified with ST that she no longer works in practice, in view of the next Agenda Item. SR explained that currently, ST was Co-Opted onto the Committee. However, there is a limit to the number of Co-Opts we can have and ST was an important member. SR wanted to check with ST that she was happy to remain as Co-Opted or did she want to change to an Observer - ST said she did not mind. JB added that it would be a better option for the Committee, due to the number of Co-Opted members, if ST was on Committee as an Observer. ST agreed.

ST left meeting after this due to another commitment.

## 5. Committee membership, rotation and election

SR stated that there were some changes that needed to be mentioned before going ahead with this update. As mentioned in an earlier Agenda Item DH has had to step down from the Committee with immediate effect. In his email, he said that he was grateful for his time on the Committee, both JB and SR thanked him for his contribution. MB will also be stepping down at the next AGM. MB hopes to be able to attend the next meeting. Again, this will be a huge loss to the Committee, she has done brilliant work around CET and her knowledge and experience is massive. Because of this we will have 2 less on the Committee.

Sumila has moved out of the area and will have to be Co-Opted onto the Committee or become an Observer.

The constitution states we can only have 3 Co-Opted members. At the moment, as a DO SR is supposed to be a Co-Opted member. PC is also a Co-Opted member as he is neither a Performer or Contractor. If Sumila is Co-Opted that would be our 3, hence the discussion earlier with ST with regards to her Committee membership status.

EG is moving out of the country and will no longer be a Performer or Contractor but has kindly offered to remain on the Committee as our Treasurer, which we will need to put to the vote that everyone is happy with as EG will need to be a Co-Opted member for that to happen. This will be pushing our number for Co-Opted members. JB added that there will be a few things that will have to be looked into, but we cannot see any problems as for the last couple of years things have had to be done remotely, does it really matter where EG lives? SR has offered to step in and perform any of the practical duties that might be required to be completed in the UK and already has the existing paperwork. JB thanked EG for offering to continue and said she was sure we could make it work.

SR stated we wanted to keep all the skills experience and knowledge whilst remaining representative of the practitioners of Hertfordshire.

SR asked if anyone had any issues with ST and Sumila being Observers, or do we want more Co-Opted members. Being Observers, they would not be able to vote at Committee Meetings. No objections were raised.

The other issue to be raised before moving onto the elections is the 3 meetings rule. The Constitution states that if you have not attended 3 meetings in a row, unless there is a good reason, you will lose your place on the Committee. As DF has not attended the last 3 of our meetings the next step would be for JB, SR or HS to contact DF to check that he is alright and ask if he feels the time is right to stand down to allow someone else to take his place.

At the highest point, we had 18 members which is the largest LOC we know of. JB and SR thought that to bring the numbers down would be no bad thing. Having these vacancies should make it an easier process when we have to rotate a third of the members. SR explained the rotation figures and showed a table of members and service time.

There should be an equal number of performers to contractors and with our Committee at the moment we only have 4 contractors therefore any adverts for members should be for contractors only to enable us to meet equal numbers.

JB requested everyone check that their details were correct on the table shown. SR to send out to all so those not present can check their details.

The table shows there are 6 members who have served 3 years or more. The constitution states we have to put 3 members up for re-election and a decision has to be made on which members this would be. We could pull names from a hat, choose from the longest serving etc. JB explained that this first year would probably be the hardest and future years should get easier. PC and WdV offered to stand for re-election, this leaves one name to go into the hat to join them. HS commented that he has completed 3 years' service.

The decision was to pull one more name out of a hat plus the 2 who volunteered to make up the 3 members for re-election. Deepali mentioned there was an app online that you could enter all the names and it would pick one randomly.

Deepali entered the 4 names onto the app and shared her screen to select the 3<sup>rd</sup> person. HS was picked.

## 6. CHEC update by AJ

Cataract Consultation waiting time is a week, 3 weeks to surgery and 3 weeks for yag laser. New AMD seen promptly – 24hrs

AJ went on to relay a few patient experiences:

- One cataract surgery patient had issues with the way the process was carried out but the outcome of the surgery was fine. Bridget (CHEC) forwarded complaints on to their Quality Team and it was all dealt with very well.
- 90 year old patient referred for AMD, was seen at Watford, who were unsure about treating her so sent her to Moorfields for triage. Moorfields referred her to Northwick Park but she had appointments postponed and was then told "sorry, go back to your optom, your vision has probably changed, and start again". This is unacceptable. CHEC have been brilliant and are now dealing with it.
- Highfield surgery for Glaucoma assessments – several patients are having difficulties booking appointments. AJ understands that the website has opened and there are more phone lines.
- AJ had an emergency one Friday pm OOH, patient clearly sounding like they had detached retina. Lister advised patient to go to A&E if it got any worse. Patient went into the practice Saturday morning, they contacted Moorfields who were not willing to see her. Patient went to Lister who confirmed the detached retina and referred to Moorfields to be treated. AJ contacted CHEC, Bridget gave a few up-to date phone lines that will go onto the LOC website, but these are not for after 6pm. There is the Optom enquiries line, a patient enquiries line and the emergency care line but that is only for patients post cataract. This is how AJ is constantly contacting CHEC. AJ asked what others would have done in the emergency Out Of Hours (OOH) situation, a discussion took place. JB advised to try Western Eye. JB asked that all patient issues be sent to her so that she can report them all to CCG. KK also wanted details of the last patient so she can look into the issue at Lister.
- AJ managed to get through to SpaMedica in Watford about their Cataract waiting times. They said it averages around 4 weeks. Similar timescales for Yag Laser.
- Optegra in Colindale, following consultation it is 9 days for cataract surgery, 4 weeks for Yag Laser.

AJ has all up-to date contacts that she will share.

West Herts - Stacey said that they now have Jason McKey filling in for Beverley Williamson. From January they will be back to full capacity for cataract but not given any times scales. AMD running smoothly. Soon moving to full treat and extend regimes that will mean fewer patient visits. It is all managed in house except exceptionally complex cases that are triaged.

JB tried the live chat with CHEC, she sent them a message and they phoned back within 15 mins. AJ had a completely different experience as she could not access the portal.

PC asked if it would be useful to publish some guidelines on what to do in OOH. JB explained that we have details on the website and each patient is different. A discussion took place about the lack of OOH service and A&E in East Herts.

KSM stated that the issue with Moorfields Acute Clinics is that their key criteria is that the referral has to come from a Primary Care Medical Practitioner, so if it is an A&E doctor or a GP it is accepted, therefore during OOH over the weekend period you can always send the patient to an OOH GP service to be referred to Moorfields. You can write a letter for the GP who could accept your professional decision and refer. Also if you are not IP trained you could write the treatment regime out for the OOH GP service and they will do exactly as said.

SR asked if this OOH GP referral should be added to the next MailChimp. JB said we need to look into it further to obtain a definite referral route and how to find your OOH GP Service.

AJ followed up with KSM on the patients he had mentioned in the last meeting. KSM stated he had followed up on these and had made a list of the surgeons for the CMO and patient liaison. He had spoken with Michael at CHEC and was informed that the surgeon with the most CMOs, had been let go and another had been spoken to with regards to the patient interaction. The cases of CMO had reduced.

## 7. Website and emails: mailing list and access to closed area of website

New website is working OK. We are having an issue with our ranking on Google, the old website is ranking higher than the new one, SR is liaising with LOCSU, the host. It is a temporary issue and the old website is being wound down.

Mailchimps are now less frequent, around every 10 days. The number of contacts on the mailing list is still rising.

The mailing list has become fragmented and we would like to start afresh and send a form out to everyone on the mailing requested they re-send their relevant/up-to date details to enable us to create a clean coherent database which would include the CCG. JB agreed this was something that we needed to do as CCG asked for a list of practice for HV and a list for E&N. Another reason for the work on the Contact List is to enable the closed area of the website, that will contain the contact lists and any other information that is not for public use. This piece of work will be carried out over the next few weeks.

SR stated he would be happy to receive feedback with regards to the Contact List, the website or Mailchimp.

## 8. E & N Update

E&N are receiving some inappropriate referrals, are there any suggestions on what can be done to reduce these.

**Action:** JB & KK to get together to write something for Mailchimp

Deepali stated that her role in SpecSavers was referrals so if they could forward details to her.

## 9. HV Update

Nothing to update on other than CHEC, which has been covered in the earlier Agenda Item.

## 10. Treasurer's Report

There are regular LOCSU Treasurer meetings, which are very useful, as any issues, usually PCSE, Lisa in attendance and sorts this out. We have benefited with refunds via this. Now EG is aware of this PCSE issue she will be proactive sooner.

We could finish with too much money in the bank at the end of the year, but there are a number of big expense accounts that are due to come in at year end. EG will look again, make a decision and put to the AGM.

The Honoraria this year, EG and PC have not changed as far as they are concerned. With regards to CET, last year MB was paid £1,000 and ST was paid £2,000. What do we think is appropriate as EG does not think that MB spent much time on CET and was not sure how much ST had done. JB recalled doing the PAH one this year. She mentioned that going forward we hoped to have the CET events again. MB is stepping down and will not be with Committee next year. We need to liaise with ST with regards to the Research studies and if she is still happy to continue with the CET. AP is happy to do CET with support from MB. It was agreed that EG would contact MB and ST to see what they would be happy with and then get back to Committee

**Action:** EG to contact MB & ST

CET/CPD to be added as item on the Agenda for the next meeting.

## 11. Chair's Update

Electronic Eye Referral System bumbling in the background. Meetings every Thursday. Currently finalizing the spec. The plan is that it will be like a portal and you will upload the referral and it will be sent to one of the Trusts, All of the Trusts or a centre point where will be picked up by the best clinician/clinic for that patient. To go live in E&NH initially because they don't have any service. Going out to Tender Mid November. After all bids are received, there is a evaluation phase. The service should be phased in at the end of March, initially at one practice. If it goes well, it will be rolled out to the rest of E&NH. It is already live in Cambridge & Peterborough and Mid & South Essex.

JB meets with other LOCs in East of England every 3 months.

HS mentioned that North London use a company called Evolutio for the EeRS. JB explained that this was one of the companies on the Preferential Provider List.

We have a new Optical Lead – Max Halford. He is Chair of Devon LOC and would like to join one of our meetings. There are also 2 other ladies on the LOCSU Board who are there to support us. One has a lot of experience in commissioning.

Needs Analysis Form – LOCSU are keen for us to re-visit this to see where we are up to and if we have progressed or not.

## 12. Any Other Business

HS detailed the services his practice in Kent are involved with. There are two levels: MECS1 being the standard MECS and MECS2 patients are booked in for you and you are paid a higher fee. They can now attach OCTs and be paid the OCT fee in addition to the MECS fee. Recently, there was a survey about potentially adding Topography to MECS. They have just started a paediatric scheme and are starting a post cataract scheme. They also want to implement a Wet AMD pathway.

JB explained that practices in E&NH that border with West Essex have access to the West Essex scheme and that there was hope that E&NH would run a MECS scheme, but E&NH want more evidence that this would be worthwhile.

## 13. Date of Next Meeting

Next Committee Meeting 17<sup>th</sup> January 2022

AGM 21<sup>st</sup> March 2022