



Tuesday 16th August 2022

COMMITTEE MEETING USING ZOOM

DRAFT MINUTES

Present:

Jane Bunker (Chair) (JB)	Amisha Pau (AP)	Kavita Kathuria (KK)
Steve Roberts ((Vice Chair & IT) (SR)	Anita Jones (AJ)	Max Halford (LOCSU)
Eileen Gay (Treasurer) (EG)	Ash Patel (APa)	Nisha Shah (NS)
Dawn Doe (DD) (Note Taker)	Katie Patel (KP)	Sally Tucker (ST)

1. Apologies for Absence

Hansil Shah (HS), Sumila Kasaven (SK), Deepali Modha (DM), Karan Sai Malik (KSM), Peter Chapman (PC), Wendy d'E Vallancy (WdV)

2. Approve Minutes from 21st March 2022

The minutes were accepted as a true reflection of the meeting and approved.

3. Matters Arising

SR said he had emailed the PDF to those who were having difficulties opening the documents from the link in MailChimp.

No matters arising

4. Myopia Atropine Trial – Sally Tucker

- ST works for a clinical research organisation that concentrates on ophthalmology research. They have a number of sites across the UK including Moorfields Eye Hospital.
- They are looking for referrals into a myopic placebo controlled trial and the principal investigator is Annegret Dahlmann-Noor.
- The criteria for patients are that they have to have bilateral myopia with a certain level of progression over the last 6 months, (fast progressing myopia), no previous treatments and aged 4 to 14.
- Candidates will randomly receive low dose atropine in a novel bottle, (due to question re shelf life of atropine). This is to gain knowledge of the effect on long term axial length and myopia development.
- If anyone has patients that might be interested, please email Annegret.dahlmann-noor@nhs.net
- JB asked if this could be shared a bit wider and this fine. ST to ask Annegret to compile something for the MailChimp
- Max Halford said he thought there was a problem running placebo-based trials in myopia management due to the fact that, in theory, a cohort of patients are being denied the opportunity of some benefit. He knew of another trial had been knocked back by the ethics committee. ST said they do have Competent Authority and Ethics Committee approval and it is being run.

5. CDP - which topics are most in demand - remember DOs too

- Now that summer is almost over, it will probably be a better time to run something
- Are there any topics anyone thought should be considered, are there points that they are lacking in anything?
- JB attended a GOC Webinar that mentioned that Leadership and Accountability and Professionalism are the two areas at the moment that people do not have many points on.
- Areas mentioned by committee were CVI and Management, Myopia Management, Leadership and Professionalism, Systemic Implications of myopia in children
- Plan for 2 lectures on Zoom as this is the more prudent option due to the possibility for rising COVID cases over the winter months.
- ST to approach Annegret to ask if she would present on the Systemic Implications of Myopia in Children

- AP advised that she has changed her role and is now a Myopia Management Specialist for Coopervision

6. Workforce and Equipment Survey

- This was requested by E&N CCG. They were interested to look at running a MECs pilot for a year.
- Not had many responses to the survey, about 20 practices in total.

7. MECS Accreditation – practical part 2, who has MECS, who wants MECS, whose practice would be interested

- Do we know who has completed MECS or has completed MECS 1 and are waiting for the practical part 2? KP said that at SpecSavers the Pre-Reg do the MECS as soon as qualified. As far as she is aware, all the larger chains are encouraging this.
- Herts LOC ran a couple of MECS events about 3 - 5 years ago and there was a lot of interest. We could look at running another but will need MECS examiners. Max said he is an assessor for WOPEC and can speak to Sasha at WOPEC too. We will need a practice that is happy to give you a few hours for this and enough candidates to make it financially viable.
- Need to decide: if the LOC fund the event, do the candidates fund themselves or have a mixture of the two. These are not cheap events to run – most charge around £150. Per practitioner.
- APa is also a Lead Assessor for SpecSavers and is happy to co-ordinate, he speaks to Sasha quite a lot. He agrees they are quite expensive and you need to ensure that the candidates turn up as there is the question of who pays for a no-show. He was also part of a MECS program in East London, where the LOC had a drive to get all the practices accredited.
- EG said that if this would lead to enhanced services in the area then she would be happy with the LOC at least subsidising these, because it is in everybody's interest to get this going. It was thought a good idea for candidates to pay an amount to ensure they turn up, with the LOC paying the balance.
- JB thanked APa for offering to co-ordinate the event, if required.

8. Fees for MECS - how much, one visit or follow-up visit?

- AP said the fee available in east London was £43 to £55, with no extra for second visits
- KP gave details of the MECS in Cambridge where the fee was set really low and then clinics became inundated. Blepharitis and dry eye patients were removed for MECS here. If a patient is seen again with the same condition, within 6 months, you were not able to charge as it was classed as a follow up and had to be done for free. The service was also set up to be really difficult with a lot of admin involved for the optometrist, therefore any system in our area should be simpler with less admin or again the optometrist will not do them. Examples given were having to note the fluorette number down or which saline used, which even the hospitals don't do.
- KP said that you could not go too low for fees as the clinics will become inundated, the MECS will pick and choose who they see because they will have to service their regular clinics as well. JB said they are having this conversation with the CCG. She and Max had the discussion from a LOCSU point of view where we need to be fee wise and the next step is with the CCG. The fees for West Essex are around £48 for first visit and £27 for follow-up. Max said these were high and it was very good negotiation to get them. KP added that she did not know of anywhere that payment was received for a no-show.
- There was a discussion about fees and the business case. Max said that the national figure shows that 1.5% of a hospital's catchment area will go into their MECs per year and 82% of patients are managed in practice.
- Max has agreed to join JB at the next meeting with CCG to give them figures. JB estimates a £65 fee, but will not commit to any fees until she has spoken with the Committee.
- JB asked if the preferred option would be to have a higher one-off fee with no follow up, considering it is only around 5% that return for a second visit. Max's advice would be to take the higher up-front fee.

9. Claiming for CPD – practitioners/locums were struggling to find a practice to claim on their behalf - Max found: silsdenopticians@outlook.com in Yorkshire but has anyone had any other thoughts?

- We received a query from a practitioner who couldn't find anyone to claim for him. We did actually find a practice in Yorkshire.
- Does anyone have any ideas for people who cannot claim for their CPD through their practice?
- KP queried that the person had to work at your practice for you to be able to claim for them. SR said that no, he did not think they did.
- NS had a good relationship with a SpecSavers Director when she was a Locum; he charges an admin fee to do the claim. He asks her to apply via the portal they use for locums. NS to ask him if he would be happy to help with others.

10. Treasurer's report and their forum report

- We have quite a bit of money in the bank again. It does go down at the end of the year when expenses are received.

- Tax advice – hopefully you have all read the information. LOCSU advise to continue as we are, but watch this space. If PAYE is required for honoree, then EG would like the Accountants to do this with a minimal charge
- Expects further information to be available towards the end of the year

11. ICO and Insurance (moved up Agenda order during meeting)

- EG is currently our data controllers. However, as she has relocated, SR has taken over as ICO data controller. However, since we also hold over 400 email addresses, with some being personal ones, and we give advice, pass on information from other agencies/organisations, he questioned whether we need Professional Indemnity Insurance and Data Protection Insurance.
- We are in the process of contacting some of the larger insurance companies for quotations and interested what the thoughts are.
- We understand no other LOC in the country has this insurance. Max was asked his thoughts and he said this was correct. He added that the information held, such as the email addresses were voluntarily given to us and is therefore different to patient information. He went out to all the Optical Leads for other LOCs to see if they have it, if so, what company they use and what the costs are. If ok with JB and SR he would like to speak with the department at LOCSU (Jacque Fookes), who do deal with Indemnity Insurance for the Primary Eye Care Companies. He will send the query copying in JB, SR, EG and Richard Knight, (Head of Policy).
- SR said we also have clinical queries that we respond to, quoting the source. Max replied that the remit of the LOC is to support contractors and performers in the delivery of the NHS GOS contract. Every LOC does this. You are considered experts in your field. If you are quoting where the advice is from, then you are more of a conduit, than a producer of advice. Not to worry too much about these queries as you are doing right and in the spirit of offering support and guidance.
- KP asked that we have the responses from LOCSU in writing with regards to GDPR and insurance, also to repeat questioning when there are changes to GDPR rules/law. We need to cover ourselves because the fine is so high, SR added that he believed the Data Controller is also personally reliable for a large portion of the fine.

12. Chair update (moved down Agenda order during meeting)

- Electronic Eye Referral
 - Is stationary at the moment.
 - The first practice is ready.
 - The Standard Operating Procedures have still not been completed.
 - Hazard Log.
 - Another risk has just arisen: the Cynapsis portal does not link in with the GP system for them to upload all the NHS personal data.
 - There have been many conversations regarding referral to treatment time - when does the clock start when does the patient get referred.
- PAG Group = NHSE Ophthalmic Performance Advisory Group
 - This committee decides if the actions of the practitioner are acceptable and will try to agree a course of action for the practitioner such as attending training courses
 - These are cases that would not necessarily go to the GOC, such as not following NHSE Legislation and committing fraud. One point of interest is that ,if you get stopped from practicing for a case against you, you have to notify NHSE within 7 days.
 - JB has a case coming up in which she will contribute to deciding what remedial action may be required by the offending practitioner
- Meeting with Herts Valleys CCG, West Herts Hospital Trust and CHEC
 - Meet up around 3 times a year, is useful to improve the relationship and understanding between us
 - One example is that Watford are not receiving any basic cataract referrals and are asking CHEC to send some through for the Trainees to operate on
- Regional meeting with the other LOCs in the East of England
 - Useful for discussing such things as Standard Operating Procedures and trying to set up a regional version for some of the schemes; helping resolve issues with our EeRS as other areas have commissioned a different provider
 - Usually occurs 3 or 4 times/year
- Out of Hours
 - The lack of out of hours is still a big issue
 - Had a couple of close friends who needed out of hours emergency eye care and it was embarrassing that I could not get them seen
 - Once again, the CCGs have been made aware of the problems and it has been elevated
 - Watford have new person in post tasked with sorting out emergency eyecare
- Wellbeing Peer Discussion CPD Session
 - A gentleman (Piyus Tanna) contacted us as he is very keen to run a free of charge, wellbeing peer discussion session and it would be sponsored by Scope.
 - The Secretary of Essex LOC said she'd recommend him
 - 3 Interactive Points

- Have already run for NHSE, Vision Express, BCLA, Alcon
- Is this something we would like to promote? KP said we should run as 2 things mentioned, it was free and we did not have to do anything. It was agreed we would go with this.
- SR offered to help out with the Zoom side of things and sending out attachments

13. LOCSU update - Max

Max Halford gave a presentation on the LOCSU National update

The presentation was sent out via email by SR on 18/08/2022 and can also be downloaded from [HERE](#).

In future, Max will provide the report prior to the meeting

14. NOC in Leeds - one place provided by LOCSU, one usually by LOC

Volunteers needed for this – runs from Monday 10th Oct afternoon to Wednesday 12th lunchtime

15. Any Other Business

Fluorescein query

When doing contact lens check, you've put the fluorescein in and patient says 'ooh, I haven't got my spectacles'.

Max finds something from stock for them to put back in.

JB irrigates for monthlies and reinserts

Anita has the conversation at the beginning: "Have you brought your specs or are you expecting to put your CL back in? Are you aware there will be a little bit of staining? Are you going back to work or going home?"

Katie gives them a set of dailies, unless they are torics, then she irrigates and puts the lenses back in.

DPST Tool kit

AP – one practice that she works in, is still struggling to get DPSToolkit completed. Do the LOC know if there have been very many practices with issues. SR said we haven't had any queries for this, although we haven't specifically asked, perhaps we need to ask, but then we would have to be prepared to deal with the responses. SR will do anything he can to help, if the practice contacts him via email. If it's not a conflict of interest, he could look at it from a consultancy point of view.

EeRS System

Max wanted to flag that in another area they had issues with their EeRS system not meeting GDPR for transmitting of patient data. SR replied that it is a Herts requirement to have DPST before you can join the service.

CPD

JB to see what ST comes back with and then tie in with AP for CPD on Myopia, aiming for October, avoiding the half term. SR suggested possibly doing the Wellbeing one in September/first week of October, if the speaker is available.

Date of Next Meeting: TBC – suggested dates of Monday or Tuesday beginning part of November?