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**Monday 17th January 2022**

**COMMITTEE MEETING USING ZOOM**

**DRAFT MINUTES**

**Present:**

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| Jane Bunker (Chair) (JB)  Hansil Shah (Vice Chair) (HS)  Steve Roberts ((Vice Chair & IT) (SR)  Eileen Gay (Treasurer) (EG) | Anita Jones (AJ)  Amisha Pau (AP)  Dawn Doe (DD) (Note Taker)  Karan Sai Malik (KSM) | Katie Patel (KP)  Kavita Kathuria (KK)  Mary Bramley (MB)  Peter Chapman (PC)  Max Halford (LOCSU) (MH) |

1. **Apologies for Absence**

Sumila Kasaven (SK), Wendy d’E Vallancy (WdV), Sally Tucker, Deepali Modha

1. **Approve Minutes from 8th November 2021**

The minutes were approved

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

None

**4.** **Max Halford, LOCSU Optical Lead - introduction and needs analysis form**

MH gave a background introduction of himself: Based in the Southwest of England for 2½ years, Chair of Devon LOC, a DO and CLO. He can help us with such things as intelligence sharing and providing up to date information on the NHSE Electronic Eyecare Referral System (EeRS). A lot of work was put into getting open APIs to work with primary care systems, but NHSE overlooked linking into secondary care, of which we have 3 in our ICS. MH said it would be interesting to see which provider will be used in our area as there are several all at different stages, he named a few of the providers. He said now that there was funding for a second year, things should move along quicker. This funding will be dependent on whether your area has a signed contract, the funding amount is £150,000. Our area is in the second cohort to go live. JB & her counterpart from Essex are attending discussions with CCG and have managed to get payment for attending some of the meetings.

He also discussed the National Eyecare Restoration and Transformation Programme (NECRTP). The transformation work consists of 18 specialties with Optometry being one of them, but it is the recovery system that is of more interest to LOCs. Short-term priorities including glaucoma, pre and post cataract, acute eyecare, AMD & DMO. Some of these may have started or are ongoing and there is a huge push to make sure they are piloting and introducing as many of these pathways as possible. LOCs have spoken to their CCGs and ICSs for some years to try to get things to fruition. Speaking with LOC Chairs now, he knows it has been like banging your head against the wall, but secondary care now cannot cope, and Eyecare Restoration are there to try to make it happen. Over the next 18 months there could be a lot of changes and LOCs need to be reactive and pushing forward on proposals and commissioning of different pathways of care for patients.

MH added that another area that he may be able to help with, and tends to deal with a lot, are severe issues with PCSE. If we, as an LOC, have any cases where we do not seem to be getting a resolution, he could possibly pick them up particularly with clawing back Paper GOS payments.

JB thanked MH and said it was nice to know he was there for advice and guidance.

**5. Update from Sally Tucker**

JB explained for MH that ST was involved with work for a research company and was looking to see if Optoms could get involved by sign posting patients to some of this research. Unfortunately, ST could not attend this evening so this topic will be deferred to another meeting.

**6. Committee Membership, Rotation and Election**

SR explained that due to some members stepping down or moving out of area or changing role, this has given us some flexibility to rteduce our size - at one point we had 18 members and would like to reduce this slightly.

We are advertising for 2 new members and some existing members will be standing for re-election, which would hopefully give us 15 Committee Members post AGM.

For democratic purposes, it is best if both new and existing members wishing to stand for election should be asked to complete an application form. SR asked for comments on this. JB said that if provision of a resume was being asked of new members, then it would also be required for existing ones especially for non-committee voters to see what members can offer/bring to the committee. No-one else commented so JB asked if there any objections as this task will come to all members over the coming years. SR would be happy to send out the draft form for review again.

The next step is to send out an invitation so that the responses are received early enough to collate, be sent out for review and reflection. People can either attend the AGM or vote by proxy. WE HAVEN”T DONE THIS – DELETE THIS?

EG asked which Committee Members were up for re-election on this occasion, HS, PC and WdV are those up for re-election. SR explained that with the changes mentioned earlier this is the 3rd of the Committee standing for re-election. If only one person stands for that post, then they will return to the post, but if there is more than person standing the person with the most votes will become the post holder.

EG added that with regards to the list of what a committee member does she is now a Locum. SR went on to explain that due to EG moving out of the country, she would become a co-opted member after the AGM. KK said that she is on the list as hospital/multiple, but she is Hospital and Independent. JB checked that everyone else’s details were correct on the list, because we need to try to get a 50:50 split on the committee between Independents and Multiples, and we are currently Performer heavy. SR added that the new posts should, if possible, be contractors and even better, multiples., although this is not stated in the Constitution, so what were members thoughts. JB asked MH if he had any thoughts on this. MH said at one of his LOCs the full committee stood down and it was hard to engage with the multiples as they would have contact details for a manager, but they would not necessarily understand what the LOC was/did. What they did was give a list of multiples to members for them to contact pro-actively and ask for them to put forward some candidates to apply and they managed to balance their membership.

KP commented that we only had representatives for SpecSavers and should encourage representation for other multiples. AP mentioned that she was with Vision Express for 50% of her time. AMISHA IS VE 50% of TIME – CHANGE ON SHEET

**Action:** SJ to send draft form to Committee Members

**7.** **CHEC Update - Anita**

Cataract waiting times:-

**CHEC at Watford** - Outpatients 0 Consultation 1wk Surgery 0 Yag Laser 2wks No Torics

**CHEC at Slough** - Outpatients 1wk Consultation 1wk Surgery 0 Yag Laser 2wks No Torics

**West Herts Hospital** - no update Yag Laser 8wks- not at St Albans

We think there are some staff changes and waiting to hear back. They are not doing any operations on a Friday in case of complications so that patients can be seen within 24hrs of initial consultation.

St Albans are offering Toric IOLs for cyls >2 dioptres

**Stoke** Mandeville - Have a 1 stop Cataract clinic that has helped with reducing waiting times. Surgery is 4-8 wks from listing for routine cases, any delays or longer waits are for more complex cases. They are doing Toric IOLs on the NHS for cyls >1.5 dioptres

**SpaMedica, Watford** - Taking 6 wks to process the referral with a possible further 4 wks to surgery and even longer for Yag Laser.

**Optegra, N London** - Consultation 2wks, Surgery 4wks, Yag Laser 4-6wks

AJ attended the CHEC open evening on 24th November at Watford, ‘walked through’ the cataract pathway and discussed refractive outcome. AJ explained that one of her patients was still asking about this whilst going into surgery. AJ suggested that referrals could have the preferred refractive outcome written in the letter if some discussion with the patient as to expectations/outcome had taken place and this could then be repeated in the pre-op consultation. The surgeon shouldn’t be deciding the IOL power as they are about to operate.

The macular clinic at Watford CHEC said they were happy to see more than just wet macular and also to deal with the Certificate of Visual Impairment (CVI) registration. They don’t do low visual aids at Watford CHEC but this is carried out at St Albans. CHEC do offer support and information for visually impaired. There is also a patient booking App to try to make things easier for those working or not able to call, although AJ has yet to be shown it. The CHEC website has lots of useful information on eye conditions for patients.

JB added that other CHEC news is they have now employed an ECLO who will be able to be used through Watford hospital trust as well.

JB said in summary that Herts Valleys were doing very well with cataract surgery and referrals, partly probably to CHEC being in place and they are organised.

PC said this was a comprehensive survey of various services available. Referring to the patient mentioned, PC asked if something could be added to the Newsletter advising optoms on this? JB said she had just noted about putting this onto the Mailchimp and SR asked if someone could write a piece, AJ volunteered.

**Action:** AJ to write a piece for Mailchimp

**8. Website and emails: mailing list and access to closed area of website**

The “closed” area of the website is not yet ready to launch. It will need people to register - it is a cumbersome, manual process to allow each individual access. SR has been speaking with Lisa at LOCSU to see if this can be automated. Our mailing list currently has 450 contacts, which is fabulous, but if all 450 want access to the “closed area” this would be a large amount of work. SR is trying to tidy it up as around 17% of these have not opened a Mailchimp in 3 months, so he would like to drop these a message asking them to confirm they still want to receive communications from us.

SR asked MH if Devon LOC was using the “closed” area and if they are using the LOCSU website format. If so, how have they found setting it up? MH said they were in the process of moving the website and were still discussing whether to have a “closed area”. They do have one currently although the committee have suggested they review what should be put there that they would not want anyone to see. They have not managed to come up with a reason why they would need one, although they have always had one. JB raised the issue we have with contact details for Luton and Dunstable and MH said they also have one document, but they still have not decided. SR added it would be a lot of work just to have contact details for Luton & Dunstable and asked the Optoms if they had anything they wanted on the website that was not to be shared with the public. Another issue MH raised was if contact details were put into the “closed” area, how would Locum’s access them. KP raised that they have had instances where GPs have not wanted their contact details shared with patients either, therefore these could go into the “closed” area as well. JB said that if we get the electronic eye referral scheme you will not need the GP contact details as these are within the portal. JB went on to explain for MH benefit the need for EeRS in E&NH more is because eye referrals are made via the GP. PC asked if there could be a guide for Locums. JB suggested having a practice access to the “closed” area, which Locums could use. KP said that most practices will print off the contact details and have it in a binder ready for the Locum.

SR asked if the feeling was that it was not worth all the work and cost for L&Ds contact details. KK said to leave things as they were. KSM suggested putting a note on the contact list saying if you want these contact details send email from nhs.net account to.... SR stated that he was not sure that himself, DD and possibly JB would be able to respond to the request sufficiently all the time. KP suggested sending the contact details out in a Mailchimp

**Action:** JB to contact L&D to see if sending contact details to the optoms via Mailchimp is acceptable to them.

**8. E & N Update**

The main and most exciting thing is electronic patient records that has already been mentioned.

Children are being referred when reduced VA and refractive error is found. They do not have capacity for all these so could they request if VA is reduced and refractive error found, can people prescribe refractive error and review in 3c to 6 months, making such a fundus check is done too. If VA comes up at next visit, then they do not need to be referred. JB suggested a Pro-Forma, which could also be used within the electronic system. EG raised a query around coding and NHS payment for these 3 to 6 month checks. JB said she uses the “Other Clinical Reasons” from the drop-down list and endorses the notes as it is the recommendation from the Royal College of Ophthalmologists. KP requested that when the Pro-forma is sent out could the paed waiting times be given as well, this may also help deter practitioners from referring.

**Action:** JB & KK to draft something together

**9. HV Update**

Nothing to update on really, JB said she seems to have spent much of her time on the Electronic Eye Referral System, which was covered earlier in the evening.

**10. Treasurer’s Report**

EG requested that any outstanding claims for last year be sent to her. Everything else is done and balanced and EG wants to send the books off to the Auditor so that she can get them back in time for the next meeting. The Auditors have a particular system for transferring all the documents electronically, so they do not have to see anything physically, which EG has signed up for.

We have too much money again. Going back a few years, the Committee decided that if EG wanted to reduce the Statutory Levy she did not have to necessarily put it to the members, as it was saving them money. Therefore, if the Committee agrees, EG would like to reduce the Levy from 1.25% to 1%. If agreed, EG can get this done quite soon, otherwise it means waiting until the end of March by which time we will have even more money. It could possibly be reduced further during the year.

The Committee voted on reducing the Levy and agreed to the reduction.

EG asked if we still produced the quarterly Newsletter, or was it all MailChimp now, as she is not receiving the MailChimp. SR advised EG to look within the tab entitled “Promotions”. The MailChimp sometimes goes into this area due to the number of recipients it is sent to. The e-mail can be moved from here to the “primary” account and eventually the account will start showing it there. You could also add the Herts LOC Admin address to your contacts, which should stop the MailChimp from going into the “Promotions”. SR asked if anyone else was either not receiving them or they were going to somewhere else. No-one else commented.

There was a discussion about how people not receiving it would know they were not receiving it. Could limiting the number of recipients prevent the message from going into “Promotions”. Could a note be put onto the front of the Website to alert people “If you are not receiving the MailChimp and have a g-mail account please check the “Promotions” tab”. KK suggested chasing backwards from being able to see who is not opening the messages. SR said he could get a list of who had the message delivered and not opened it, but he cannot see which account the message would have gone into. MH advised that a couple of LOCs have moved over to Microsoft Sway from MailChimp because it can give all the information required, (opened, read time etc) but also links better into the website. MH said he would give SR a list of those moved so that he can liaise with them. He can also send copies of the Newsletters using Sway.

**Action:** JB to send her Expenses Claim

**Action:** SR to pull off list and check to see if there is a disproportional number of gmail accounts.

**11. Chair’s Update**

JB has no other updates to those already discussed.

**12. Any Other Business**

Digital Blockers

This is linked in with EeRS and for future MECs or other services. JB had several questions for Herts & West Essex ICS that she needed feedback on for Thursday:

* What Practice management Systems (PMS) are being used, as these will need to be linked into?

Optix, Optisoft, OptinetFlex were mentioned. Specsavers and Boots have bespoke PMS, VE use Acuitas

MH offered to share a list of PM systems from those that have applied for EeRS with JB.

* How are Referrals made? Herts Valley refer to CHEC unless it is an emergency, East & North refer using email via GP or Lister Hospital for urgent and emergency.

MB added that they (a s a practice in E&N) are increasingly referring via email to Princess Alexandra Hospital

* Post-op cats - Practices upload results via CHEC, Optegra and SpaMedica portals.
* Do you a NHS.net email addresses? - yes, all Committee members present did have one.
* Do any practices still post referrals? – MB said 1 or 2 but hardly any (this is E & N Herts).
* How are Urgent Referrals sent, are these by letter, telephone? - KK said with Lister it is both, usually telephone first and depending on who answers, if it is a Triage Nurse, they will give their email address and then contact the patient. The receptionists will take details and then Triage Nurse will phone and deal with referral. All GP referrals are via emails, but some GPs can take up to 3 weeks before actioning these. Only a few practices have a recording system for referrals. JB asked how they knew that the referrals had been actioned. Patients are receiving “holding” letters 2-3 months later. JB asked if SpecSavers would be keen to use the Electronic Eye service as you will be able to track a referral through the system. KP said yes, they would.
* Are outcome letters received after the patient has been seen? KP responded only for routine, not emergencies. AJ said CHEC send outcome letters.
* Would you like to receive an outcome letter, if so via post or email? Response yes to letter but any method would be nice.
* How do you know if anyone has not been seen? Response was that they would not know. KK said she keeps a note and asks them after a couple of weeks.

Support for IP qualifications

What are people’s thoughts? This costs about £1,000. JB view is not to support as this is personal training. If the person is staying with a practice and they pay that is different. MH said that NHSE South East have agreed to support 10 practitioners directly to do the course, which is roughly 1 per LOC, therefore this may be an opportunity to approach NHSE for them to do that. If the LOC were to fund this then you would need to consider how many others may approach for similar funding of other courses, of which there are a huge number. MH offered to find out who in NHSE could answer this.

EG said that this would not be of benefit to the LOC and effectively you are asking all practitioners to support this with no benefit to any of them.

JB said going forward with the EeRS and MECs, it would be good if we could have few IPs across the county so that we do not necessarily have to refer patients into the hospital. KP asked if it would be good know how many IPs we already have in the area. JB does have a list that was created at our last face to face training, but that could now be out of date. You can get a list of IPs for your area from GOC.

KP asked if anyone knew what was happening with Moorfields, Potters Bar. JB relied that Moorfields at Potters Bar is still sitting on the electronic referral choices, so you can do direct referrals if you are accredited. KP said that from a patient point of view they have discharged a lot of patients from Potters Bar to Lister, so we are not sure if they are trying to filter off the patients that do not fall into their catchment area. AP stated the last she knew was an email she received stating they were having problems due to staff shortages due to isolation and wonders if it could be a temporary measure. AJ is happy to contact them to find out more. There is a zoom meeting on 7th February, we might find out more from that.

**Action:** AJ to contact Moorfields at Potters Bar

Closure of a standalone clinic

KP mentioned that a clinic run by Ophthalmologist Mr Adrian Barnaby-Price appears to have shut down and a lot of the patients have still not been seen 2 years down the line. These patients are now being re-referred into Lister or Hertford. MB said they had the same and thinks it should be investigated because a whole cohort of patients who seem to be suspended and no-one has his clinic lists, which feels like a failure in the system and there should be some responsibility on a practitioner to hand the records to someone else

**Action:** JB to liaise with the CCG.

MB apology

MB wanted to apologise to all for her total disappearance during the past year or so, largely due to being totally overwhelmed by home and work-related issues. She intends not to continue on the Committee. MB asked if there was anyone in mind to cover CET. JB said it would be AP. AP confirmed this and asked if she could touch base with MB. MB said she had a folder to hand over and would be pleased to assist with knowledge and information.

Future CET

JB asked the Committee if they thought we should do a “real live” CET event towards the summer or another virtual CET event. Comments were that it would be nice to have a F2F one. MB was not happy with the number of people who blocked their videos during the last virtual CET event. If the event was to be held in June, you could have the doors open for ventilation, which could help with the those still vulnerable to COVID. CET events were previously held in Feb/March and November but this would then not be possible due to outside temperatures. SR suggested concentrating on this after the AGM. Going to work towards a June CPD.

MB presentation

JB said that MB had been on the Committee for so long that she did not know how we would cope without her. It has been lovely having her here but she understands the reasoning for bowing out and appreciates everything that MB has done. There is a small gift for MB that SR will take into the practice. MB said thank you so much but she was trying for a discreet exit. JB said she would like to say a huge thank you on behalf of everyone, all the practitioners in Hertfordshire, for all the CET events you have done, how well you have organised them and just everything - too much to fit into one sentence! MB said this was very generous and it had been fun along the way.

Sumila Kasaven - Wedding Gift

JB decided not to have T-shirts printed in the end but designed a framed wedding memorabilia resembling a test chart. She will be meeting up with SK to obtain the LOC cheque book and will give her the photo frame and bottle of Champagne, which they can use to celebrate their first wedding anniversary in May.

Many said thank you to Jane, Steve and Eileen.

**13. Date of Next Meeting**

21/03/2022 Committee 19:30 and AGM 20:00