



Tuesday 15th November 2022

COMMITTEE MEETING USING ZOOM

DRAFT MINUTES

Present:

Jane Bunker (Chair) (JB)	Anita Jones (AJ)	Max Halford (LOCSU)
Steve Roberts (Vice Chair) & (IT) (SR)	Deepali Modha (DM)	Nisha Shah (NS)
Hansil Shah (Vice Chair) (HS)	Karan Sai Malik (KSM)	Peter Chapman (PC)
Eileen Gay (Treasurer) (EG)	Katie Patel (KP)	Sally Tucker (ST)
Dawn Doe (DD) (Note Taker)	Kavita Kathuria (KK)	Wendy d'E Vallancy (WdV)

1. Apologies for Absence

Ash Patel (APa), Amisha Pau (AP)

2. Approve Minutes from 16th August 2022

Minutes state that SR has taken over Data Controller, but that is not correct yet. Other than that, the minutes were accepted as a true reflection of the meeting and approved.

3. Matters Arising

EG said that she had contacted about claiming CPD payment from this Yorkshire Optom. EG did send the details on but has not heard anything back. JB explained it was a previous committee member who did use them and said it fine and really quick. They did take a £50 admin fee. He said it was very efficient and better than not receiving anything at all.

There was a comment about the fact that we don't have Out of Hours, which has been elevated to the ICB. Everyone is realising that we do need something for Out of Hours and there could be something coming. We are no longer called Herts Valleys, we are now South & West Herts. The Out of Hours would probably be based in South & West Herts area. The reason it would be in SWH area is that the Clinical Lead at West Herts is pushing for it. At present, we should send patients to A&E and once they say they have an eye problem, they will be referred to somewhere with an eye clinic.

PC asked if anyone else was signed up to receive the ICB Newsletter. JB receives it and passes on any relevant information.

KP asked with regards to the re-naming of Herts Valley to South & West Herts, would this have any impact on the practices, NHS authorities, NHS submissions are going to need changing, is something we need to make them aware of? JB responded that she thinks it is all going to be Herts and West Essex ICB, but at the moment they are keeping in the old CCG areas and slowly merging. She does not think there will be any issues with the Business Authority, but will look into it.

ACTION: JB to enquire with the ICB if there will be any impact for practices with Business Authority with regards to Herts Valley name change

MH, in answer to KP's question, said that when GOS devolves next year it will devolve across at ICB level, they are unlikely to split it down further. JB said that the ICB had contacted them, as come next March when everything shifts over to the ICB you need to ensure that you are all signed up so that you get your new GOS contract. You should not notice any difference, but at the moment less than 50% of practices have signed up and this may mean that next year, they will not have a contract. HS asked if signing up the your local ICB was a country wide thing and JB replied yes. MH in response to HS query about not hearing anything from the ICB/ICS of his London practice is that each ICB/ICS is at a different stage of the procurement. It would appear that Herts and Essex are a little ahead than most other areas, which is a good thing judging the uptakes you have so far.

KP, that was very helpful, but a) is this the contract that was sent out last year? There were no clear comms and only those with NHS.net email accounts received this. If a practice does not have an NHS.net email account they will not be aware of this. She thinks that the issue and not that practices are not willing to sign up. JB replied that

this is why NHSE have asked us to try to communicate this, because they have had so little response. JB will take this back to them. There is a problem with issuing more NHS.net accounts - they cannot issue anymore as they don't have the staff. KP added that they are also very slow in responding to queries around those contracts, because some of the information they asked for initially contradicts what comes back in the contract. The ICB have sent 3 lots of communications via a company called Attain, they have tried telephoning the practices, tried to write and now they are trying with the LOC as they are not getting anywhere. HS said he had received nothing and KP said she had only received the communication via NHS.net. JB asked the question what would happen if a practice has not signed up and the response was 'if they haven't signed up then the contract cannot be issued'. MH to pick this up with JB outside of the meeting to raise it at National level because, if this is going to be repeated in every area and people don't have GOS contracts in place, it's a big problem.

KSM mentioned that he had received the Attain email for both his new practice in Central Beds and the existing one in Redbourn. They came via an email that was created on its own using the ODS code. He wondered if perhaps this is what is happening – it's going to an email address created using the practice ODS code, it is the practice name.ODS code @nhs.net. KSM contacted them to advise that he doesn't use this address and the response was, well we go with the default email address, which is the one that contains the ODS code

4. Update on Wellbeing CPD, organised by Essex LOC

- Essex LOC recommended someone for running Wellbeing Webinars. They were about to run their own, but were worried they wouldn't get the 100 sign ups, so they asked if we would join them and share comms to see if jointly, we could get 100 attendees.
- Within 48 hours we had over 100 sign ups with a long waiting list.
- The disappointing thing was that there was a 30% no show rate, which considering the long waiting list was quite disappointing.
- SR and JB joined and said was good and a different kind of CPD.
- There is funding from Scope for us to run our own and include Essex to pick up any people from there. Would people be interested in this being run again would they like us to do it? We didn't have to do any input at all.
- A sad outcome was that people were rating their job satisfaction, on a scale of 1-10, less than a 6.
- We will approach Piyus Tanna to see if we can get something organised relatively quickly.
- Would it be worth trying to do before Christmas? SR said that as long as we do not have to do too much, before Christmas would be good as it would give a bit of a gap before our usual CPD event in February, otherwise it would need to be deferred to April/May time.

5. Workforce and Equipment Survey

- The ICB/ICS wanted the Survey sent out because they wanted to know if there was any interest if they were to do a MECs or something similar.
- JB shared her screen to show the slides she and SR had compiled from the data taken from the survey responses.
- The ICB were very interested in the results and JB stated that it shows we are interested in doing other services.

6. LOCSU - Change to Agenda order

- The LOCSU Update was circulated prior to the meeting.
- In the latter part of last week there was a sector wide meeting with Louisa Wickham, Head of Primary Care for the NHS, to discuss her views on eye care going forward.
- Those who attended the NOC would have got that her steer was more to digitalisation, virtual clinics, HUBs etc
- There are concerns as to what her definition of HUB is. Is a HUB an Opticians that already exists on the High Street that could be utilised to its full potential
- The workforce and equipment survey completed would be great information to share with Louisa to say why would you want to build a HUB when you already have practices with core competency optometrists and dispensing optometrists up skilling into MECs and glaucoma etc
- The pushbacks are going to be what does a HUB look like and also the financials have to add up.
- Would be interesting to hear your feedback for the NOC, but in general it was extremely positive.
- LOCSU are going to be spending a little bit of time looking at the new regime of transformation that has been introduced in Wales. There are some positives about it, such as the increase in the sight test fee, but you have to offset that against the reduction in GOS free vouchers and domiciliary eye care services. This is covered in the update sent round.

7. MECS - running a part 2, when?

- We have had some interest for running a MECs part 2.
- AP offered to co-ordinate this at the last meeting.
- Do any of the Committee have MECs part 2, or would you need it? Looks like it will be for those outside of the Committee

- Roughly most places charge £150. EG said there was revenue available to fund this, but we do not want to set this up for 20 people only to have 10 not show up. Is there an opportunity for us to get them to pay a non-refundable amount towards the cost.
- Not sure of the legality around holding other people's money.
- EG understanding that we would subsidise it with them paying a contribution, that they would not receive back if they do not show up. Everyone pays £50 and we pay £100.
- KP thinks the value for them to pay should be higher, they will not mind losing £50.
- MH, we did exactly that, they paid £50 we subsidized the difference and we 100% attendance.

If the ICB were to want a MECs service what was the fee we had agreed on?

- We did have discussions about making the fee sufficient, but now 3 months down the line, we have a living crisis and everything has gone up. Think we had decided upon £65 for 1 visit, but no follow up fee.
- Need to go back to the ICB with a more definite cost.
- Do you want the fee higher, with an increase yearly uplift?
- HS, works in 2 areas and in one they have a 1st visit fee of £48 with a £28 follow up fee. The other there is a £50 1st visit fee with no follow up fee. In the area where there is no follow up fee, I am very reluctant to do follow ups, leaves you not knowing if the issue has cleared up.
- JB thoughts is that £48 is not enough. West Essex have had their fee at £45 for about the past 5 years so looks like the possibility of having the fee raised once it is set is unlikely. Shall we go for £65 for a 1st visit and £30 for a 2nd?
- There was a discussion on the benefits of having one higher fee opposed to 2 fees with statics from LOCSU showing a better/higher payout to practices for the one higher payment. KP, it would be interesting to see how many patients actually require a follow up, because it will depend on what conditions will be included and excluded. Her thoughts would be to go with the higher initial fee because the percentage of genuine follow ups would be low. It was raised that this was to try to help the trusts but if we see the patient and then refer them back into the hospital this could be making things worse. There is a need for being realistic. The general census was a one-off higher fee of around £70-£80 if you could get it.
- MH and JB to pick up outside of the meeting. JB was going to ask MH if he could join her in the meeting with the ICB and possibly having 2 slightly different business cases.
- The feeling at the moment is having a £75 initial fee and possibly £65 for a 1st and £30 for a 2nd as a starting point.

8. CDP - provisional date

- We have provisionally put a date of Tuesday 24th January, which is OK with one of the speakers.
- The speaker is Francis Harmon who works at Bishop's Wood Hospital. She is very interested Keratoconus, so ask her to talk about pentacam, High Minus, keratoconus and an update on cross linking.
- The other speaker is Annegret Dahlmann-Noor Consultant from Moorfields, talking on high myopia in children and the links with systemic conditions
- ST is going through the GOC information and making sure it fits the criteria for running CPD
- The CPD will be virtual

9. ICO and Insurance

- EG has historically been our data controller, but as she is now based outside of the UK it is probably better that our data controller changes to someone based in the UK and logic dictates it falls to SR.
- As we hold a database of more than 400 names and e-mail addresses, there is a risk of a breach.
- A question of whether we would require insurance was asked of LOCSU and then passed up the chain to the ICO. All levels responded that they did not think there was enough risk to warrant insurance.
- Being hugely risk adverse and although we do all our communications through MailChimp, accidents and mistakes do happen. Would be interested to see what the Committee think about us not having Data Protection, Data Breach Insurance. As Data Controller I would be responsible for any data breaches and this concerns me.
- The question was asked about how much the insurance would cost, probably less than £150.
- The census was that for SR peace of mind that cost would be acceptable

ACTION: SR to arrange Data Protection, Data Breach Insurance

10. Treasurer's Update

- The report was circulated prior to the meeting
- This time of year, we always have quite a lot of money because some Committee members have still not put in their expenses.

- We still have not heard anymore about the tax advice. Lisa is still awaiting various opinions on this so that everyone is doing the same thing. I think it is important that all LOCs do the same thing. I assume for this year everyone will be putting it on their tax returns as they have done before.

11. NOC in Leeds

- A brief update was sent around.
- AJ and JB attended the event.
- It was really interesting and brilliant mixing with people from different areas. The fact everyone was there wanting to improve eye care as best they can.
- The 2 new Leaders were good.

12. Elections/rotations

- The LOC Constitution shows that a third of us have to rotate every year.
- This was put in place last year
- This year we have 13 on the Committee
- Want thoughts on adding new people and pushing this up to 15
- Can you let JB or SR know if you wish to step down prior to the AGM
- We would be looking at 3 of the existing committee members standing for re-election and that we know who these will be prior to the time.
- SR shared a spreadsheet showing length of time on the Committee for each member. Updates to this were made.
- KP, KSM and EG to stand for re-election. They will each have to write a statement.

13. Payment for Officers

- LOCSU carried out a survey on what officers are paid for their services and the hourly rate.
- We need to think about the daily rate for someone being out of practice and employing a locum to cover, as a starting point
- Is anyone able to share their daily rates for a Locum? Current daily rate for a Locum is between £275 and £350 for a week day. Weekends are £400+, depending on the area.
- Our rates have been in place for some time without review.
- Realistically if these rates are 10 years old then we do need to increase them. Should we raise them from January? At this point JB and SR removed themselves from the meeting as they were the ones who put in claims for the highest number of hours, so that an amount could be agreed with no conflict of interest.
- The current rates were given. Daily Rate for Out of Practice is £300, ½ Day is £150, Hourly rate out of practice is £40 and evening rate £25. There is no weekend rate.
- Discussions took place about what the new rates should be.
- JB and SR returned to the meeting.
- The new rates agreed were, £350 for a daily rate, £175 for ½ day and the hourly rate be the same for day or night at £45.

14. Any Other Business

- HS has received a questionnaire about interest in setting up a local scheme for testing people with learning disabilities, suggesting a fee of £60+GOS initially, but they are asking what the fee should be and feedback so far shows £85+GOS.
- Anyone going ahead and joining will need to complete the 6 WOPEC Learning Disabilities Modules.
- EG asked if the start time for the rates had been decided. It was agreed the new rates would be in place as of January 2023.

15. Next Meeting

- Our AGM should be the end of March 2023
- Plan to hold meeting Tuesday 21st March or Monday 20th March
- Decided AGM Tuesday 21st March
- We will need to have another short Committee Meeting at the end of January, beginning of February, or prior to the AGM, which seems a lot to do on one day.
- It was agreed to have a separate short meeting in January/February with the dates being either Tuesday 31st January or Tuesday 7th February.
- **Next meeting** agreed for **Wednesday 1st February 2023, via Zoom at 1930.**
- AGM Tuesday 21st March 2023, Face to Face 1830, Venue Crooked Chimney, Lemsford.