



Wednesday 1st February 2023
COMMITTEE MEETING USING ZOOM
DRAFT MINUTES

Present:

Jane Bunker (Chair) (JB)	Anita Jones (AJ)	Katie Patel (KP)
Steve Roberts (Joint Vice-Chair) (SR)	Deepali Modha (DM)	Kavita Kathuria (KK)
Eileen Gay (Treasurer & Minutes) (EG)	Karan Sai Malik (KSM)	Sally Tucker (ST)
Max Halford (LOCSU) (MH)	Nisha Shah (NS)	Peter Chapman (PC)

1. Apologies for Absence

Ash Patel (AP), Hansil Shah (Joint Vice-Chair) (HS), Wendy d'E Vallancey (Observer) (WdV)

2. Approve Minutes from 15th November 2022

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

3. Matters Arising

(a) Change of name of Herts Valleys to South & West Herts.

It was confirmed by JB that the change of name would have no impact on practices with respect to the NHS Business Services Authority (NHSBSA).

(b) Registration of practices with the ICB. Update from JB

53 GOS contracts still need to be re-issued in Herts & West Essex. A total of 113 have been sent out and 60 have been returned to the ICB to be signed off by the Director. Several practices have terminated their GOS contracts, and some practices have closed.

All new contracts must be in place by the beginning of April 2023 and all old contracts will be terminated on that date.

An outside company ("Attain") was contracted to set up the process of re-issuing contracts, but this has now been handed over to the East of England Ophthalmic Team whose contact details are: england.optometryeast@nhs.net. All new contracts must be returned to East of England Ophthalmic Team, and JB will send an email round on Mailchimp, so practices are aware of this.

There have been issues with some practices not being contacted regarding their new contract, including the absence of NHS email for some. "Attain" have been using self-generated emails using practices' ODS codes, without Practitioners' knowledge. The East of England Ophthalmic Team have been made aware that these emails do not work and are now phoning practices individually to expedite the process.

(c) Elections/Rotations

Three Committee members will need to rotate at the AGM. New applicants will also be invited, and each candidate needs to complete a statement briefly outlining why they wish to serve on the LOC, and what skills they would add to the Committee. There will be 2 extra positions available this year.

4. Dawn's Retirement

Dawn Doe has resigned as administrator due to pressure of other NHS work. JB suggested that we should organise a gift in appreciation for 6 years of service to the Committee.

A discussion followed and £100 of M&S vouchers was agreed. SR will organise this and deliver to Dawn.

5. Minutes/Admin

EG has volunteered to take minutes at meetings (with video back-up from SR) and undertake some admin. SR will also take on more admin work, including the provision of WOPEC codes when requested. On this basis, the LOC will no longer employ a lay administrator.

6. ICO and Data Protection Insurance

SR has agreed to take over from EG as Data Controller and will contact the Information Commissioners Office to change this.

Data Protection Insurance is not available as a “stand-alone” policy, only part of a more general Business Policy, including indemnity insurance. SR has done some research and Hiscox offers the cheapest policy, at around £400. It was agreed that such a policy was worth investing in for peace of mind, and SR will arrange this.

MH stated that he would send additional information regarding the Data Controller on to SR.

7. Treasurer’s Update

(i) Draft 2022 accounts and draft 2023 budget

These were circulated before the meeting.

EG said that due to potential increased costs during 2023 (increased Members remuneration rates and PAYE costs) she felt that the existing Statutory Levy rate of 1.0% should be retained. (LOCSU request 0.5% so 0.5% would be retained for LOC running costs).

In the budget, on discussion with JB and SR, it was assumed that at least one “in-person” CPD event would be held in 2023. A discussion followed about whether this was wanted by practitioners, as so much CPD was available, mostly on-line. (See **Item 9**)

KP commented that Peer Review is still needed, and that locums can find it difficult to complete their Management section of the CPD. ST stated that Peer Review can be done online, using “breakout rooms”.

(ii) PAYE

Documents on the introduction of PAYE with the potential cost implications, and changes to Members’ time expenses claims were also circulated before the meeting. EG has obtained one quotation on costs from our existing accountant/bookkeeper, and it was agreed to wait to see what LOCSU are going to offer to support LOCs with this. MH said that this information should be available by the end of February, and there was a suggestion that the cost might be covered by the existing LOCSU levy, i.e. with no additional cost to the LOC.

Unless there is difficulty no new expenses claims will be paid until after the beginning of the new tax year (6th April 2023) to avoid changing systems mid-year.

8. CPD- Well-being Webinar overview SR

This event was hosted by an outside provider, “Inspiring Success”. There was initially a problem with the issue of attendance certificates, but this has now been resolved. KP said that she had not received one, and SR will chase this. The course was popular, with 60 attendees. Other interactive CPD is available from this outside company. ST commented that the event was “Peer discussion” not “Peer review” and hence only attracted interactive CPD points.

These events are simple to arrange but there is a cost involved to the LOC, as other courses have not yet attracted sponsorship so will be more expensive.

JB expressed concern that so many practitioners were unhappy with their professional lives and career development; apparently the Provider is raising this issue with the professional bodies using anonymised data. However, she noted that opinions in the various groups varied.

DM quoted figures to suggest that 25% of optometrists are considering leaving the profession.

9. CPD Event ST

A provisional date has been set for 21st March. Francesca Harman is booked and will talk on keratoconus. Annegret Dahlmann-Noor has yet to confirm.

There will be 2 interactive CPD points available, and there will be feedback questions for groups at the end of the meeting.

No CPD submission has been made yet. Certificates will be issued using the attendance list.

Amisha Pau has offered to lead a peer review meeting before the summer, and ST will contact her to arrange this.

Another CPD event is planned for October or November, providing interactive CPD points, either in -person or online depending on response.

JB stated that Sam Mahmood, an ophthalmologist at Lister Hospital, has offered to talk on any subject of our choosing.

KP said that Mr Venki Sundaram (Luton & Dunstable) was also willing to lecture.

MH said that LOCSU can also provide CPD on various topics if requested.

10. AGM

JB requested that the AGM date be changed to Tuesday 28th March, to avoid a clash with the CPD event. This was agreed.

A discussion followed on a virtual as opposed to in-person AGM. PC commented that attendance was better with virtual. SR pointed out that where voting is involved the democratic process must be protected against manipulation.

MH stated that hybrid meetings can be provided by various companies, although there would be a cost involved. SR commented that the last CPD venue we used would be able to do this but would be costly due to the low turnout for most AGMs.

The question was put to the vote, and none of the members were in favour of an in-person AGM. This year's meeting will therefore be on Zoom.

JB suggested an informal in-person summer meeting instead.

11. LOCSU Update MH

(i) Communications to Performers and Contractors.

These have increased but certain items are best dealt with at Committee level, and these notifications will be sent out monthly.

(ii) EeRS Electronic eye referral systems

These have been introduced in some areas and have been causing problems for some practices. In these areas GPs will not accept ophthalmic referrals by any other route, so that these practices have no referral mechanism into secondary care. Some EeRS systems were apparently unsuccessful at pilot stage, and it is hoped that the system currently used by GPs and dentists (ERS) can be expanded to include optometry. A small pilot scheme using this system (ERS) is in operation at the moment, and if successful, will not incur any extra costs to practices.

AJ stated that demonstrations of the new EeRS that were running in other areas were available to join and have also been offered by the AOP (on 30th January), with all optometrists invited. JB said that this system has been discontinued in Herts & West Essex as it cannot log when a referral is made or the time lapse to treatment (RTT), (amongst other problems encountered). It appears likely that the whole system will be dropped, and therefore Practitioners were advised not to spend too much time on this.

AJ requested that JB and MH contact the AOP to make sure practitioners understand that there are issues with the system.

(iii) CPD Provision

LOCSU is happy to organise more CPD through WOPEC. MH encouraged Practitioners to let him know if this is required.

PC thanked MH for his valuable input to LOC meetings.

12. New Emergency Referral Form Lister Hospital JB:

A new electronic referral system for emergencies has been introduced in East & North Herts, which has gone live today (1st Feb). The aim is to reduce referrals to secondary care as the Trust cannot cope due to increasing patient numbers and staffing issues. The new system cannot be implemented by many practices as they have their own referral forms on their Practice Management Systems, and also it appears to reject referrals if all the information boxes are not filled in (regardless of whether the information is relevant or not). Multiple practices and independents who use Optix and similar patient management systems (making up at least 70% of practices) cannot use this form as their systems are not compatible. Referrals in any another format will no longer be accepted.

The "red phone" system is also being discontinued on 13th February.

JB has a meeting with the North & East Herts Clinical Ophthalmology Lead Fariha Shafi and Matt Price tomorrow and requested feedback from the Members. It was suggested that perhaps the system could go live with GPs and be reviewed at a later date, with optometrists using the new hospital email address for standard referrals in the meantime.

MH said that the aim of these systems is to reduce referrals by 30%, but there is no funding to implement this. The new form requires all fields to be filled in before it can be accepted. New systems have been introduced with no consultation with the profession, so practices are unable to modify their systems, even if they agreed to do this (such a process usually takes 6 months to implement following agreement).

KP stated that Specsavers practices have been instructed not to sign up for these systems. As all Specsavers practices, and probably also Vision Express, are paperless, or will be soon, these systems will almost certainly never be used as referrals have to be scanned and stored, creating more work for practices.

JB also reported that the email address for Lister referrals on the reverse side of the memo is not live yet. KP said that Specsavers optometrists will almost certainly print their letter, give it to the patient and send them to the hospital directly.

MH commented that there is often an issue around NHS email addresses, as only 10 nhs.net emails can be provided per contractor, so if a contractor has more than 10 practices the others have no access to NHS email. A similar problem exists if a practice has more than 10 employees.

If any referral is not emailed via a nhs.net address this creates problems with data protection if there is no encryption. If a Trust decides to move away from nhs.net, for example to Egress, then there are costs involved in sending emails.

MH also suggested pushing for a CUES or MECS service which would help Trusts cope with the numbers, as 70% of referrals would be seen elsewhere. This can save the Trust money as running such a service is cheaper than employing another consultant. KK commented that the East & North Herts ICB has rejected this concept as the pilot scheme in their area was not working. MH questioned their data collection methods as all other CUES/MECS schemes are operating well.

KP asked if referrals are rejected what should practitioners do? JB asked who is responsible?

MH said that this has been discussed, and the advice is that all referrals go to the GP, as they cannot reject them.

13. Any Other Business

(a) Optometrist with Injury

JB stated that an optometrist who cannot work in a clinical setting because of an injury has approached the LOC asking for support locating job opportunities in admin. or professional development.

A discussion followed; a direct advert on the LOC website was considered inappropriate, but other suggestions were made, such as using Linked-In, responding to the latest GOC advertised post, and approaching large groups such as Specsavers regarding opportunities in clinical governance or research. DM offered to send details of suitable opportunities with Specsavers to the optometrist concerned as this is her role. She was happy to do this although she is on maternity leave. SR agreed to pass KP's details onto the optometrist and copy in DM so that they could get in touch.

JB suggested that we send the optometrist these ideas and ask her to come back to us in 3 or 6 months to find out how she is getting on.

(b) Out Of Hours Service

It was agreed that such a service is needed in our area due to the difficulty in getting patients seen without repercussions on the practice for using an out-of-area service. Moorfields will reject a referral if it is not sight-threatening; Luton & Dunstable and Addenbrookes will also reject weekend referrals from our area. In South & West Herts patients are sent to A&E and they will refer on elsewhere. Overall, patients need to be prepared to travel to be seen at these times.

KP commented that consultants' criteria for routine/urgent and emergency is not the same as the criteria taught to optometry students, and that this causes problems with referrals. JB stated that emergency care means life- or sight-threatening only.

KK drew Members' notice to the note on the back of the Lister memo on urgent referrals stating that if Practitioners are not sure they should send the referral in and wait for a response.

(c) CHEC/ West Herts Hospital Trust (WHHT) Working Group meeting AJ

(i) CHEC have proposed a new scheme is designed to reduce secondary care referrals. This is in discussion.

(ii) It has been noted that on the ERS system the wait for routine appointments for West Herts Trusts appears as 52 weeks; this is being addressed as it is inaccurate.

(iii) KP asked if GPs are respecting patient choice when instigating referrals (e.g. when choosing CHEC, Spa Medica, NHS Trust etc) after provider information is sent to the patient. AJ said she thought this was happening, but there have been some IT issues. WHHT are also trying to rename their services so that they appear higher up the list of choices as it is shown in alphabetical order.

KK stated that the wait for Lister is some months.

KP said that Practitioners and patients need accurate waiting times to be able to make an informed choice. AJ said she would try to get an accurate list, particularly as some hospitals appearing on the list cannot accept referrals in this way, and therefore should not be there as an option.

MH said that waiting times were a nationwide problem. Unfortunately, IT systems cannot break data down into individual specialisms, so the same waiting time is given for all ophthalmology appointments.

(d) JB said that the East & North Herts part of the ICB may soon offer the option of going to St Albans and Watford Hospitals for surgery, utilising Lister and Princess Alexandra staff, to fill unused theatre capacity at the Watford WHHT site.

(e) Hydroxychloroquine Review Service

JB reminded practitioners that an annual GOS sight test is insufficient for these patients. Apparently, some Dermatologists are referring these patients to Optometrists for screening, but this is not acceptable, and they must be referred back to their GP for inclusion on the Hydroxychloroquine List.

The meeting closed at 9.30pm. The next meeting will be the AGM on Tuesday 28th March 2023.