



**Tuesday 28<sup>th</sup> March 2023**

## **AGM USING ZOOM**

### **DRAFT MINUTES**

#### **Present:**

Jane Bunker (Chair) (JB)	Katie Patel (KT)	Nisha Shah (NS)
Steve Roberts (Joint Vice Chair) (SR)	Deepali Modha (DM)	Shital Shah (SS, obs)
Eileen Gay (Treasurer & Minutes) (EG)	Sai Karan Malik (KM)	David Swallow (DS, obs)
Hansil Shah (Joint Vice Chair) (HS)	Ash Patel (AP)	Wendy d'E Vallancey (WdV, obs)
Anita Jones (AJ)	Sally Tucker (ST)	
Peter Chapman (PC)	Peter Chapman (PC)	
Kavita Kathuria (KK)	Gavin Sirett (GS, new applicant)	
Fionnuala Kidd (LOCSU)	Seema Rauniar (SRa, new applicant, joined meeting later)	

#### **1. Apologies for Absence**

Amisha Pau (AP), Seema Rauniar (SRa) new applicant, joined later

#### **2. Welcome and introductions for Observers and New Applicants to join the Committee**

JB welcomed the observers and new applicants. Each member briefly introduced themselves.

#### **3. Minutes of the last AGM held on 21<sup>st</sup> March 2022**

The minutes were accepted as a true reflection of the meeting. (These minutes were previously approved at a Committee meeting following the AGM last year).

#### **4. Matters Arising**

There were no matters arising.

#### **5. Elections**

Two candidates have applied to join the Committee. Although there was space on the Committee to accommodate both, an election was carried out for them and for the three existing members who were up for re-election (KP, KM and EG).

An online secret ballot was conducted using ElectionBuddy and all 5 were elected.

#### **6. LOCSU Update**

**FK**

FK, our new Optical Lead at LOCSU introduced herself and gave a brief presentation on what LOCSU has achieved over the past year and what their aims are for the future. She presented data on additional pathways, leadership, CPD and national consultations with the profession. Challenges for 2023 were identified as direct referral pathways, advice and guidance on feedback from referrals and service development, ensuring appropriate remuneration. The shift to ICB

(Integrated Care Board) regional commissioning within the NHS and contract management therein has been causing difficulties in some areas.

LOCSU aims to address healthcare inequalities and provide eye-care services to meet the health needs of each population.

LOCSU has undergone some leadership restructuring over the past year, appointing a new Chair and CEO. They aim to improve communication with LOCs (through regular bulletins amongst other initiatives), expand CPD on offer (677 points were available last year), provide more training courses and workshops, and promote LOCs through communication with the rest of the profession. LOCSU will provide support to enable LOCs to work together and with other colleagues to maximise opportunities to improve primary care provision.

Resources for undergraduates are also available with LOCSU/WOPEC such as starting the MECS or Glaucoma modules whilst still a student or the Learning Disabilities module.

Three induction courses are now on offer, and she encouraged new Committee members to take advantage of these. New members were also encouraged to attend the NOC.

Tailored courses have been devised in conjunction with WOPEC e.g. MOLES or HCQ.

FK offered to assist all Members in any way she could and provided her contact details.

JB drew Members' attention to the glossary of NHS acronyms on the LOCSU website. SR will add this to the LOC website if this has not already been done. JB and SR will be reviewing and updating our website in the next few days.

## **7. Treasurer's Report**

### **Presentation of 2022 Accounts and 2023 Budget**

**EG**

EG proposed to continue with the Statutory Levy set at 1.0% for 2023. Although we have a significant account balance at present, there will be increased administration costs associated with the new PAYE system for Member claims, and enhanced remuneration rates for Members were agreed prior to this meeting. It is also anticipated that CPD costs will increase this year as more events are planned.

GOS payments through the statutory levy are now handled differently, particularly domiciliary payments which are paid according to the locality of the provider, not the patient. However, in practice this has not resulted in any significant change to our income stream.

EG noticed that the balance sheet had not been circulated with the other papers for this meeting and will resend this to SR for forwarding on.

A vote was carried out on the Accounts and Budget, which were passed unanimously.

A discussion followed on the provision of further MECS courses in conjunction with WOPEC which is covered in item 12.

## **8. S&W Herts Update**

**AJ**

AJ gave an update on meetings with South & West Herts ICB, CHEC and West Herts Hospital Trust (Watford and St Albans Hospitals).

The working group meets 4 times a year and consists of Uche from S&W Herts which is part of Herts & west Essex ICB, Stacey Strong, Ophthalmology lead West Herts Hospital Trust, Imran Rahman, CEO and Ophthalmologist CHEC, JB and AJ.

Inaccurate waiting times on the electronic booking system for West Herts HT has meant that very few patients are choosing this provider. This problem is being addressed, such that cataract assessment waiting times will appear separately, as opposed to being classified as new ophthalmology appointments.

A new ophthalmology service model is being planned in S&W Herts to improve the speed and efficiency of patient pathways and feedback to optometrists. This will be taken to the ICB as a proposed new pathway across the whole of HWE. At present, in S&W Herts as patients are triaged by

CHEC, it appears possible for the electronic booking system to send patients duplicate appointments with different providers.

CHEC will see new wet AMD patients residing in the S&W area. If these patients have DMO (diabetic macular oedema) they should be sent to WHHT to avoid delays

Glaucoma patients are now shared between WHHT and CHEC. CHEC are reviewing new patients as SLT (Selective Laser Trabeculoplasty) is now a first line treatment under NICE guidelines, with fewer follow-ups needed.

Complex glaucoma cases where patients are using 3 or more medications and have other pathologies (e.g. cataract, AMD) are triaged back to WHHT.

WHHT now have a second Heidelberg OCT which should help speed up the service.

All patients taking hydroxychloroquine are to be seen at 5 years if low risk and 1 year if high risk, e.g. also taking tamoxifen. Referral can be made directly to: [westherts.ophtalmology@nhs.net](mailto:westherts.ophtalmology@nhs.net).

Patients are still being referred to optometrists, which is not appropriate as they have to be under the care of a consultant according to the recommendations of the Royal College of Ophthalmologists.

The ICB will be looking at referral data to analyse activity with a view to adding this to a MECS service.

WHHT has no full paediatric cover at present.

Referral letters for CVI (Certificate of Visual Impairment) patients need to include a clear reason why the patient is being referred, not just for registration. If these patients are referred to CHEC they can register them; LVA patients are sent on to WHHT.

CHEC now have the use of a virtual Eye Clinic Liaison Officer (ECLO) for patients in South & West Herts. Lister Hospital use Herts Low Vision to support the visually impaired, and Princess Alexandra Hospital (West Essex) use Support 4 Sight. When a CVI patient has been registered by a consultant, a letter is then sent to their local Council for additional services and support.

A new out-of-hours referral pathway for S&W Herts has finally been agreed between Watford and Western Eye Hospital and is due to start in April. Patients will need to attend Watford A&E with a referral letter and will initially be triaged by a doctor. They will then either be rebooked to be seen in the Eye clinic during normal working hours or a call will be made to Western Eye for further advice and guidance.

A new Stevenage CHEC clinic for E&N Herts patients will be opening in April, with a CPD event being held for optometrists on 27<sup>th</sup> April at 7pm. They will be offering a cataract service the same as they are providing in S&W Herts.

A discussion followed on this new facility.

JB stated that, currently, the ICB have only commissioned a cataract service for NHS patients from this clinic. However, it would appear that CHEC are hoping for a contract for a MECS type of service where patients are triaged by CHEC then referred on to local optometrists if suitable rather than being seen directly within an optometry-lead scheme. CHEC have presented figures on MECS services claiming a much higher percentage of patients retained in secondary care than has been found in all other similar services nationwide (LOCSU data). FK offered to send JB new data from the Northwest of England on the effectiveness (including cost) of such schemes so that she can take this further. KP asked AJ for further information on the new services at Stevenage. AJ and JB will be attending the CPD event and hope to obtain more details then.

### **Moles/Naevi Update (Mushroom-shaped, Orange pigment, Large shape, Enlarging size, Sub-retinal fluid)**

Stacey Strong has offered to provide a CPD event to help optometrists identify which naevi need to be referred. BIB (Stevenage) may be interested in sponsoring this event.

As there was a great deal of information in this update, SR suggested that this report should be sent out to all optometrists via Mailchimp.

## **9. East & North Herts Update**

**JB**

Electronic records will be available soon. An emergency referral form for Lister Hospital has already been circulated to all optometrists. There have been no complaints with this so far. Sometimes more information has been requested from the optometrist. Some GPs are apparently resistant to this new development.

The new CHEC facility in Stevenage could indicate that the company wish to expand their service provision throughout the area. The cataract service will obviously assist with waiting times at Lister. AJ stated that there is still a long wait for cataract surgery at the Lister Hospital (18 months). JB has emailed the hospital about this but there has been no response.

## **Moorfields Cataract Service**

The annual accreditation for direct referral to Moorfields Potters Bar and Bedford is due for renewal shortly. There is a virtual CPD event organised for Potters Bar, but it is for one date only, 22<sup>nd</sup> May at **7.30pm**. If practitioners are unable to attend on this date, they will have to be re-accredited by sitting in on Thursday clinics. KM said that there is also an in-person event at Bedford Hospital for this purpose on **25<sup>th</sup> April**, and that accreditation in either location will cover both hospitals.

Janice Oster (Moorfields P.Bar) asked Herts LOC why referral numbers have been declining; AJ said that this is probably a reflection of the fees paid to optometrists. AJ offered to contact Janice direct to discuss these issues, with input from KM and SR.

AJ, SR, GS, KM and JB will produce a mailshot via the LOC WhatsApp group to advise practitioners of the accreditation requirement and ways of achieving this.

## **10. CPD Update**

**ST**

Our first CPD event for 2023 was held last week, with lectures from Francesca Harman and Annegret Dahlmann-Noor; 35-38 people attended on Zoom.

ST stated that providing accredited CPD requires much more work now than previously: presentations need to be ready in advance and extensive evidence is required before the event. Accreditation for the second lecture was only achieved whilst the first talk was actually in progress. However, this should be easier next time! ST thanked SR for his support with all the submissions.

SR said that there had been some issues with effective Zoom links, and that he will send these out differently next time, using Mailchimp as well as Zoom.

ST and AP will meet after Easter to organise an in-person event in Welwyn Garden City covering Peer Review on referrals. Another remote session is also being planned at the end of the year.

SR thanked ST for the enormous amount of work she has done on this.

## **MECS Update**

**AP**

AP is in contact with WOPEC regarding setting up this course and will now need to identify prospective candidates.

SR will send an email to all 500 practitioners on our database to obtain expressions of interest. Costs have been discussed previously and will be subsidised by the LOC subject to confirmation of attendance.

FK suggested accepting candidates based on practice location as opposed to "first come first served" to ensure good coverage of MECS accredited practitioners across the area. JB added that although E&N Herts will not be commissioning such a service from the LOC, practitioners may still wish to undertake this training.

## **11. Chairman's Report**

**JB**

This was circulated before the meeting.

With the assistance of SR, nearly 40 newsletters have been sent out over the past year covering a wide range of topics. Our practitioner database has expanded massively since COVID and work needs to be done to make sure that this is kept up to date.

A considerable amount of time has been spent on the development of the EeRS electronic referral system, and it is disappointing that this project has stalled.

JB has attended meetings of various groups during the year:

LOCSU East of England Forum, which enables LOCs to communicate and exchange ideas and strategies when dealing with the various ICBs.

Local Eye Health Network, which also includes voluntary groups e.g., RNIB and Support for Sight.

Provision of eyecare for homeless patients and refugees has also been discussed, and also funding for ECLOs, (Eye Clinic Liaison Officers) which is patchy across the area.

Herts & West Essex ICB, where screening services for hydroxychloroquine patients has been discussed as there is no provision in this area.

NOC: JB recommended this event and reminded Members that one place at the conference is funded by the LOC.

JB has given a presentation to Lister Hospital Trust about the LOC and has used the contacts made to help refine the route for emergency referrals.

The re-issue of GOS contracts has been causing some problems as the responsibility for reissuing these has now passed to the ICB. Many practices are still without a signed contract, and an extension of 4 weeks has been granted. Changes in NHS staffing arrangements may be the reason for the delay. This is important as GOS payments may be withheld after May.

JB hopes to receive from NHSE Optometry East the email addresses of those practices who have not responded to information requests from them, so that she can contact practices directly. In some cases, NHSE were using self-generated email addresses for practices, which were non-functional. SR will send a mailshot to remind practices to chase up their contract if they have not received a final signed copy.

JB also acknowledged the hard work of our administrator, Dawn Doe, over the past 6 years. She thanked SR and EG for taking on Dawn's various roles.

## **12. Election of Auditors**

No problems have been encountered with the online submission of accounts. The existing auditors were elected unanimously.

## **13. AOB**

There was no other business.

SR reminded the meeting that new officers are actually elected at the first Committee meeting after the AGM, so other members can volunteer if they wish!

## **14. Date of Next Meeting**

The meeting closed at 9.30pm.

The next meeting will be on Tuesday 20<sup>th</sup> June at 7.30pm.