



Monday 29th January 2024

COMMITTEE MEETING

Held at the Crooked Chimney, Lemsford, Herts and via ZOOM

DRAFT MINUTES

Present:

Jane Bunker (Chair) (JB)

Steve Roberts (Joint Vice Chair) (SJR)

Eileen Gay (Treasurer & Minutes) (EG)

Peter Chapman (PC)

Nisha Shah (NS)

Karan Sai Malik (KSM)

Amisha Pau (AMP)

Sally Tucker (ST)

Ash Patel (AP)

Seema Raunier (SR)

Katie Patel (KP)

Anita Jones (AJ)

Gavin Sirett (GS)

Kavita Kathuria (KK)

Deepali Modha (DM)

Fionnuala Kidd (LOCSU) (FK)

1. Welcome

JB welcomed all Committee members to the meeting, both in person and on Zoom.

2. Apologies for Absence

Hansil Shah (SH) Wendy d'E Vallancey (observer) (WdV)

3. Conflict of Interest Declarations

No new declarations were made.

4. Approve Minutes from 4th December 2023

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

5. Matters Arising

There were no matters arising from the minutes.

6. Treasurer's Report

EG

Draft accounts for 2023 were circulated before the meeting. EG reported significant increases in costs last year due to increased activity in all areas. SJR requested comparative data with pre-COVID years, but EG explained that the whole landscape had changed for optics since that time, which would render such comparisons invalid. As in previous years the LOC has held what was considered by the auditors to be excessive reserves, the fact that we were now using these funds in a controlled manner was appropriate. EG felt that cost comparisons going forward would be more useful, but that no change to the statutory levy would be required at this stage.

7. Uplift to Treasurer's honorarium

Due to the significant increase in time required to administer the new PAYE system EG had requested a modest increase in the Treasurer's honorarium. EG was asked to leave the meeting whilst this was discussed by the Committee. It was decided that an immediate additional payment of £500 for 2023

was appropriate, and a revised honorarium of £4500 for 2024, to be paid in two stages every 6 months. EG expressed a wish to retain a set sum honorarium rather than claiming for time spent, as this would be easier to keep track of.

8. Social Media/LinkedIn

SR

(a) LinkedIn

Our LinkedIn page is now ready and will be added in the next few days. CPD courses will be publicised, photographs of events will be added, and we hope to recruit followers.

(b) Herts Vision Loss(HVA)/Charity Event update

SJR

SJR has received an email from Herts Vision Loss, who are keen for us to support their charity work. They would like to have stands in local optometry practices so that they can provide information, support and receive donations. He will reply and ask what they have in mind, and then contact practices via Mailchimp to see if they wish to be involved.

A discussion followed as to how to establish this link. It was suggested that a link to HVA could be added to practice websites and to their fundraising page. It was also suggested that the LOC could also promote fundraising for them at CPD events, perhaps with a short presentation by HVL with details on how to get involved. JB added that such a presentation would be much more meaningful if a patient with vision loss could contribute, to share their journey of sight loss, and accessing the help they needed.

Regarding CPD events, SJR stated that at the next CPD event in March, which is in conjunction with Spa Medica, there would be space at the venue for a HVL stand, or possibly room in the programme either before or after the main event, for such a presentation. As an alternative we could run a specific CPD event on low vision/AMD etc. SJR has a meeting with Spa Medica in 2 weeks time and will discuss this with them.

SJR expressed the view that he felt HVL was an ideal charity for us to support as it was local and relevant to our work. He would ask them if they could help with organising such an event, if they have done this before. KK has links with HVL and will take this forward.

SR suggested promoting HVL in a newsletter. SR will contact them to produce something which we can send out, subject to our editorial control. The LOC has done this before for HVL, but not for about a year.

JB suggested asking HVL to supply a downloadable pdf leaflet which we could distribute to practices, to avoid giving patients a poor quality photocopy. KK suggested that we ask HVL for a leaflet stand which they can fill up.

KK reminded the Committee that there is now no age limit for access to HVL services, and that they now cater for children as well.

9. CHEC/WHHT/ICB/LOC meeting update

AJ/JB

Ms Sarah Zaher is the new clinical lead at WHHT. She reported that 50% of their cataract referrals are complex cases, and they are still not achieving 8 patients per theatre list; referrals are now being sent through CHEC, which may be a factor. Numbers are slowly increasing, and their current waiting times are 28 weeks to treatment. Mr Uchenna Anamadu (Herts and West Essex ICB) said that this should improve once an independent body is in place to provide patient choice to all providers; this should happen by April 2025.

Ms Zaher said that West Herts clinics are operating at full capacity. There is concern that some referrals (from both GPs and optoms) are being sent back, as there is insufficient information (for example "red eye" with no other information). This could cause problems, particularly for uveitis cases. WHHT have asked if these patients can be referred to IP optometrists. JB said that this could be done if she had a list of IP optoms in the area, however there is still no funding for such a service in the community, and this must be established first. East & North Herts have also asked if iritis patients can be seen by IP optoms.

SJR said that we could post a link on our website to CPD on the quality of referrals, as this situation is compromising patient care. Links to CPD on the College website are an option, but these require a

login so are only available to College members. An alternative would be our own Zoom session. (See Items 12(b) and 12(c).)

CHEC

Mr Mohammed Rabie (Director & Consultant) reported that all urgent cases are now triaged and dealt with in 48-72 hours from their portal. Ms Zaher asked if recurrent uveitis cases could also be seen by CHEC.

New glaucoma referrals are being seen at WHHT, and approximately 10% of stable patients are referred to CHEC. There are excessive referrals to secondary care from CHEC for peripheral iridectomy treatment for glaucoma; these cases are not always treated, and education of CHEC staff and optoms may be needed to reduce these numbers.

Mr Rabie asked if CHEC could support WHHT in other areas; Ms Zaher suggested that stable AMD follow-up in the community would help free up capacity.

AJ has asked if all patients could be given a letter for post cataract appointments by all providers. This would be of great assistance to optoms as gleaning information from patients can be problematic; this appears to be an issue only with CHEC facilities.

The Out of Hours service is working well.

Referrals requiring strabismus surgery are seen and assessed at WHHT and then sent on to Royal Free as the paediatric consultant at Lister is not surgical.

There is no vitreo-retinal service at WHHT, and patients are being sent to Central Middlesex Hospital after triage, as the link with Western Eye Hospital has finished. A VR consultant has now been appointed at Lister, so patients may be sent there instead.

CHEC do have an emergency VR consultant in Leicester, and it was suggested that he might be used in our area in the future.

10. ENH Update

KK

KK ENH are now printing their own HES spectacle vouchers, so the format may be different to the previous versions. Waiting times are unchanged and new referrals are seen within 2 weeks. There are no major changes with CHEC.

The Adult Urgent Care Centre has now opened and is run by GPs. This service will not be dealing with eye problems, which still need to be sent to Lister A&E.

11. CPD

ST/SJR

(a) March 4th Event at Tewinbury “Urgent Care and Referrals”

The proposed event on has taken much longer to organise than anticipated and will not be ready in time. ST submitted Mr Mahmood’ presentation to the GOC for CPD approval and it was rejected as he has included slides on techniques which are now not recognised as current practice in optometry, and do not reflect the views and standards of the GOC or LOC. SJR and ST will approach Mr Mahmood about the presentation and the case records as it may be possible to resubmit the presentation later in the year. Communications with the GOC have been somewhat fraught for ST. FK said that the process of obtaining GOC approval can be done by LOCSU. If the presentation is sent to them, they will handle everything; this offer was gratefully received by ST. As Mr Mahmood is away for 2 weeks, ST will edit the slides and send them back to him when he returns, for his approval, and will then submit everything to LOCSU. The aim will be to have this ready for an event in June or thereabouts. SJR said that we may book Tewinbury for this event as well, depending on how the March event goes. At very short notice SJR has arranged with Spa Medica for a peer review session on post-cataract surgery issues to take place instead. This will be optometrist-lead (from Spa Medica) and they have also offered to help with funding. This event is not approved for IP optoms.

(b) CPD on Referrals.

Bearing in mind the comments of ENH Trust on the quality of referrals, a discussion took place on whether we could host this and open the event to GPs. PC suggested that the Primary Care Networks could be invited to send representatives to such an event, which would preferably be online so that numbers were not restricted. It was suggested that we the event might qualify for GP points, and JB

will approach the LMC about this, once she has obtained contact details. Such an event could be held in November, possibly with specialised content for IP optoms. For information, ST stated that IP points require evidence of creative management plans involving the use of IP drugs.

FK suggested that if we are holding Peer Review we could consider making the event relevant to IP optoms by having separate discussion groups for IP and non-IP.

FK said that LOCSU are developing CPD material on improvement and quality of referrals, which we would be able to use. This should be available in the summer and could be used as part of a 2- session event. The LOC would be responsible for CPD certificates, but everything else would be provided by LOCSU.

SJR, ST, FK and DP agreed to discuss this further, possibly in a separate WhatsApp group.

(c) Future Events

DM offered the services of an ophthalmologist she knows who could help with a future event (the consultant lead at Royal Free) as he has prepared presentations available. It was suggested that the November event would be suitable as this is at the end of the current CPD cycle, when extra points may be required by optoms. This event could cater for IP optoms, other optoms and GPs. DM said that she would approach the consultant concerned and see if this is possible. She was sure that he would be able to tailor his presentation appropriately as there was enough time to do this.

12. Elections and Committee Membership

5 Committee members will be standing for election this year: SJR, AP, KK, DM and AJ.

HS expressed a need to JB to step down as Vice-Chair as he has been unable to find enough time recently to contribute as he would have liked. He wishes to remain on the Committee, however.

SJR will send out proposal forms as usual in the next 2 weeks. All present members up for re-election can stand again if they wish. If new people apply to join the Committee a vote will be organised. If any member wishes to stand down they were asked to contact JB.

13. AOB

(a) Sensory Strategy Meeting KK has attended this meeting.

The aim of the group is to gather information on patient numbers and whether their needs are being met. There will also be mandatory training for NHS staff. Patients receiving services will now be termed "residents".

(b) Course funding

SJR has received an email from an optom asking if the LOC would consider funding courses other than WOPEC. He felt that if we agreed this could lead to a flood of applications, which would be difficult to control. JB also made the point that we might agree to fund a course and then find the recipient had subsequently left the area. It was generally agreed only to fund WOPEC courses.

(c) MECS

No dates have been organised yet. JB and AP agreed to progress this.

DM has been in touch with Prakash from North Central London LOC. He suggested a joint MECS event if we are short of numbers, and they would assist with the costs.

The ICB will be engaging a new triage company in April 2025, with patients sent from there to private providers. JB advised that we should have this date in mind when organising our MECS events so that we are ready to offer such a service when the time comes.

14. Next Meeting Date

The next meeting will be the AGM on Monday 18th March, also on Zoom. There will be a short Committee meeting at 7.00pm followed by the AGM at 7.30pm.

ST sent her apologies for this meeting in advance as she will be away.

The meeting closed at 8.30pm