



Tuesday 14th January 2025

COMMITTEE MEETING USING ZOOM

DRAFT MINUTES

Present:

Jane Bunker (Chair) (JB)	Kavita Kathuria (KK)	Deepali Modha (DM)
Steve Roberts (Vice Chair) (SJR)	Karan Sai Malik (KSM)	Gavin Sirett (GS)
Eileen Gay (Treasurer & Minutes) (EG)	Nisha Shah (NS)	Seema Raunier (SR)
Peter Chapman (PC)	Ash Patel (AP)	Fionnuala Kidd (LOCSU)
Anita Jones (AJ)		

1. Welcome JB welcomed all Committee members to the meeting. SJR advised the meeting that AI systems were now in use to improve the efficiency. This was approved by the Committee.

2. Apologies for Absence

Katie Patel (KP), Sally Tucker (ST), Wendy (Wd'E), Hansil (HS)

3. Conflict of Interest Declarations

No new declarations were made.

4. Approve Minutes from AGM and Committee Meeting 16th September 2024

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

5. Matters Arising/Updates

There were no matters arising.

Chair Update

JB

(a) Hydroxychloroquine Screening

Watford Hospital is providing this service in South & West Herts and Spa Medica in North & East Herts. The Committee was reminded that optoms cannot provide this service, and patients should be referred to their GP for re-referral as appropriate. Screening is offered after 5 years of treatment unless the patient is at a higher risk, such as taking larger doses of Tamoxifen.

(b) Hypertension Pilot.

No information has been received from the ICB.

AP reported that the scheme had ceased at his practice after one month as no payments were received from the ICB. 3 months of bank statements were required by the ICB before payments could be authorised, and Specsavers Head Office were not willing to provide this information. He reported that dental practices had a similar issue with remuneration, and patients were refusing screening in this setting due to the levels of stress induced when attending a dental practice. AP added that the pilot scheme has probably been wound up as it was only due to run for 3 months until the end of March 2025.

(c) CHEC/WHHT/LOC/ICB

Glaucoma referrals in S&W Herts are undertaken by CHEC. This has resulted in patients being re-referred back to WHHT at a late stage; similar issues are occurring in other areas using ISP monitoring. The service is consultant-led, but possibly not by a glaucoma specialist. JB is making enquiries.

(d) E&N Herts

Optometrists in E&N Herts with an NHS.net email address can now refer directly to any provider who has an NHS contract for cataract surgery, where full patient choice has been offered. If they have no such email, they can refer to the GP stating the patient's choice of provider. Optometrists now receive monthly waiting list data, which should soon include all providers, to assist with patient choice.

PAH wish to join the direct referrals scheme but have IT issues at present. Lister Hospital currently does not wish to join.

(e) Unsigned GOS Contracts

These are now all signed. JB has made enquiries as to whether Specsavers practices have received a contract with variations in terminology but has not received a reply from the POD (Pharmacy, Optometry and Dental) team at H&WE due to work-load.

(f) WHHT

Capacity was reached between Christmas and New Year and were unable to accept urgent referrals. Information was provided to the ICB regarding alternative providers, but this was not forwarded to optometrists. JB has requested that such information should be passed on.

(See item 14)

6. Social Media and Leadership Course

SR

Our LinkedIn page now has 84 members More people are applying to join, and feedback is positive. The site is good for posting instant messages. SJR thanked SR for her efforts. SR has now been accepted onto the LOCSU Leadership Course and was congratulated by the Committee.

7. Treasurer's Report

EG

This was circulated before the meeting together with a first draft of the 2024 annual accounts. Lloyds Bank have now changed our account to a Community Account. They have now introduced bank charges of £4.25 a month which includes 100 transactions (more than enough). Most UK banks are doing this now, and it was agreed that this was a reasonable amount to pay given the obvious disruption and difficulties of changing banks.

Peter approved this, Jane seconded.

The recent LOCSU Benchmarking Exercise found that most LOCs carry reserves of 6-9 months' expenses, and our reserves fall within this range.

The statutory Levy for 2025-6 was discussed and it was agreed not to change this from the present 1.0% (with 0.5% going direct to LOCSU).

LOCSU have arranged an in-person Treasurer's Event on 13th February in London. JB asked other Committee members if anyone would like to attend. Sai Karan expressed his interest in attending but is already booked in a MEH clinic. He offered to help/shadow Eileen.

8. ROC (Regional Optical Conference) Update

JB

(a) JB, DM and SJR attended the East of England Conference in Colchester. SM attended the London event. It was agreed that it was a very good day, with good networking opportunities. Sessions comprised a LOCSU presentation, LOC Governance, Professionalism, "Managing Challenging Conversations" CPD, Single Point of Access, NHS Choice, and electronic referrals.

FK The LOCSU presentation detailed changes to the LOC Constitution, which has been designed using more flexible terminology and avoiding inclusion of specific NHS structures. The Constitution also includes guidance as to how Committees should conduct themselves in various challenging situations.

(b) Delegates were encouraged to use Quality in Optometry, which is funded by LOCSU, and WOPEC course codes, also free to use for optometrists.

LOCs were recommended to plan a “Strategy Day” to outline plans for the next 5 years.

(c) The NOC will be held 18/19th May 2025 at the Birmingham Metropole. Booking will open in February (FK). Committee members were encouraged to attend.

It was agreed by attendees that this was a very worthwhile event.

9. LOCSU Update

FK

A “Communications Session” will be held next week. SJR is booked in.

Induction for the Leadership course has started.

The Constitution update is nearly finished and will be ready for LOC AGMs. This needs to be read through first and adopted at the AGM if approved. LOCSU will help with the presentation.

10. Elections

SJR

One third of the Committee members are required to stand for re-election every year. This year JB, HS, PC, AP and NS will stand again. New applicants were invited to apply; we have had 2 expressions of interest so far. All candidates will need to fill in the usual online form.

LOC officers will be voted in at the first Committee meeting following the AGM.

11. Succession/Strategy Planning

SJR

It was proposed that the Committee meet in person to discuss succession planning, the direction of the LOC and the establishment of sub-committees. FK added that this would be an opportunity to discuss objectives and priorities, improve engagement with ICBs and other committees, and improve efficiency within the LOC. The LOC could consider producing a Vision/Mission Statement to encompass these ideas.

SR said he thought this was a very good idea and can be used as a “brainstorming” session, which is already done by the College. The College also used a survey to find out members’ interests, and SR has a number of ideas the LOC could utilise.

FK said that the new forms for this purpose are much quicker and easier to complete than the old Needs Analysis form, taking only 10-15 minutes.

The proposal was approved unanimously by a show of hands, with the proviso that 12 weeks’ notice would be given to give time to reschedule clinics. Appropriate forms will be circulated before the day and additional time allocated to discuss points raised during the meeting.

DM requested written job descriptions for the various officer roles within the LOC to assist with succession planning.

12. E&NH Trust Update

KK

An ECLO has been appointed to cover QEII, Hertford and Lister Hospitals, and they will start in March. This post will be financed by the RNIB for 5 years, with a review after 3 years. The ECLO will have links to Social Services and voluntary organisations. KK will be attending the ECLO Mobilisation Strategy Meeting and report back.

SR asked if there was any patient representation on the ICB Board who could assist with ICB/optometry collaboration. PC said that in his experience as Chair of a PPG this was not possible.

13. Cataract referrals/Waiting Times/Direct Referrals

JB

Optoms can now refer directly to ISPs in all areas of Herts, subject to full patient choice being offered. Email addresses and waiting times will be circulated.

NS asked about the post-op cataract system arrangements and optom payments.

E&NH and S&WH (CHEC) and Moorfields Potters Bar have post-op systems in place. SJR was unaware of any such arrangements with Spa Medica or Optegra, who may do checks in-house. JB will contact the contracts manager for the ICBs for further information on these systems.

SJR added that Region is working towards the Single Point of Access (SPO). This is operating in S&WH, but arrangements are very fragmented.

14. Emergency Referrals to Watford Urgent Eye Clinic {see item 5(f)}

JB

Regarding the incident over Christmas/New Year, AP advised the Committee that the case he handled was a serious retinal detachment just before Christmas. The referral was rejected by WHHT and was referred back to him (the patient was ultimately seen at Western Eye). JB was aware of another case where the patient was seen at Moorfields and would try to obtain more information about this case.

She also commented that the hospital should be making alternative arrangements rather than sending the patient back to the optometrist.

15. Specsavers update

DM

There was nothing to report.

16. MECS/Audit

SJR

SJR has been working with Reena Rani (LOCSU) to set up a 2-day pilot clinical audit to identify opportunities for non-GOS activity in our area. Volunteers have been recruited to provide this information. The aim is to run a review the pilot and follow up with a one-month audit using the same practices and present the data to the ICB. KK will find out if N&EH Trust already has this data, to avoid duplication.

The ICB have indicated a preference for MECS rather than CUES service.

If this goes well we will be able to showcase our work at the NOC with assistance from Frank Moore (Specsavers).

17 AGM Date and Committee Meeting

This will be decided later following a poll on suitable dates. One CPD session will be included following food and the AGM to boost attendance. The Committee meeting will be held in late March and the AGM in April.

4 options for CPD were put forward:

- (i) Blurred discs & papilloedema (Lorcan Butler) 2cpd points. Likely cost £500 donation
- (ii) PDP (Personal Development Plan) workshop (Piyus Tanna) Likely cost £400
- (iii) New Medica (subject tba)
- (iv) Praveen Patel (Moorfields Potters Bar) New drugs for use in AMD.

SJR suggested that option (iv) could be utilised later in the year to make sure we have GOC approval for points in place.

DM advised the Committee that any CPD event approved in the last cycle has to be re-approved, so time should be allowed for this.

KM suggested that we should be holding more optom-led CPD rather than relying on consultants.

GS commented that most people will have uploaded their PDPs before April, as this has to be done before points can be added. JB suggested circulating an “expression of interest” to optoms for CPD on PDP, as there was limited support at the meeting. The email should include a reminder that PDPs can be amended after the initial upload.

SJR advocated using Tewinbury again for a venue as good feedback has been received (other than outgoing signage which hopefully has now been addressed).

19. AOB

There was no AOB.

The meeting closed at 9.25pm