HERTFORDSHIRE LOCAL OPTICAL COMMITTEE

**Monday 12th January 2026**

**COMMITTEE MEETING USING ZOOM**

**MINUTES**

## Present:

| | | |
|---|---|---|
| Jane Bunker (Chair) (JB) | Kavita Kathuria (KK) | Deepali Modha (DM) |
| Steve Roberts (Vice Chair) (SJR) | Karan Sai Malik (KSM) | Anita Jones (AJ) |
| Eileen Gay (Treasurer & Minutes) (EG) | Nisha Shah (NS) | Seema Rauniar (SR) |
| Ash Patel (AP) | Kush Mandavia (KM) | Katie Patel (KT) |
| Sally Tucker (ST, observer) | | |

**1. Welcome** JB welcomed all Committee members to the meeting.

**2. Apologies for Absence**

Nisha Shah (NS) Fionnuala Kidd (FK) {LOCSU},

**3. Declarations on Interest**

SJR informed the meeting that he was no longer an Advancement Lead for LOCSU. He has not extended his contract as he felt he was not devoting enough time to the LOC and general practice.

**4. Approve Minutes from the Committee Meeting 13th October 2025**

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

**5. Matters Arising**

There were no matters arising.

**6.Chair's Report** **JB**

**(a) Cardiovascular Pilot**

4 practices in H&WE have taken part, 3 in Herts and 1 in Essex. Results have been written up and collated with other pilots. LOCSU have assisted with this and given us a grant of £738 to help cover our costs. Hertfordshire University are doing an update on patient outcomes, treatments etc. The pilot scheme has also gone out to dentistry.

**(b) Queries from Practitioners**

A practitioner attended a New Medica event and they have a 62 week wait for cataract surgery. He wrote to his MP but received no response. The wait is now 39 weeks (all due to ICB funding restrictions).

**(c)Driving Safety Review Consultation**

There is an 18page document to complete and feedback on the scheme has been encouraged. We have asked LOCSU to help with this. SJR will send a link on Mailchimp once it has been decided whether practitioners should respond individually or whether there should be a collective response from the professional bodies.

There are a number of queries:

(i)Will the 3 year sight test required be funded under GOS?

(ii)If this is the case, will the 2 year GOS appointment be funded as well?

(iii)Who will submit the data/paperwork and will there be funding for this?

**(b) Special Schools Eyecare Service**

This topic was covered at a Local Eye Health Network meeting (which includes RNIB and local sight loss charities).

The service has gone out to tender in 4 separate areas:

Beds, Luton & Milton Keynes, Cambridge & Peterborough, Herts, and Essex

and is due to start on 1st April. Delivery will involve an optom, DO and possibly an orthoptist as well. Payment is only £80 per px, and is not attracting much interest.

**(c) Urgent Eye Care**

A retinal detachment px was referred to Watford, sent on to Urgent Care (as there is no VR surgeon at Watford), then on to Stoke Mandeville (as Urgent Care do not do eyes), and thence to Moorfields, which took 2 days in all. JB is considering reporting this as a serious incident.

**(d) Naevus**

Px was sent to PAH, rejected and sent to Moorfields, rejected, and sent back. Hopefully this situation will improve once our new ICB group is established as Addenbrookes will then be in our area.

**(e) MECS and Paediatric Service**

E&NH still have no funding for these. One of the ICB members is trying to fund MECS through the Health & Care Partnerships Committee, but they have no available funds either. SJR and JB are still hopeful that this will happen.

**(f) Dry Eyes**

There will be a meeting soon in H&WE on Medicines Optimisation with Alison Jackson, Lead Pharmaceutical Advisor with the ICB, as they are trying to cut down on the spend on dry eye medications (currently £250k). There is evidence that these medications are often not used by pxs. GPs will be reminded that these medications can be self-funded.

Emma Spofforth (Clinical Lead for Essex LOC) has produced a Powerpoint presentation for GPs in Herts & W Essex on this. She has also given us a lot of support over the past 3 years with commissioning for projects including a Paediatric Scheme and MECS. She has submitted an invoice for some of this work (and has given a significant amount of time for free). The Committee agreed unanimously, with a show of hands, to pay this invoice (£1375).

We will not be needing her help so much in the future as JB and SJR now have a much greater knowledge on commissioning procedures.

**(g) LOCSU courses**

Members were reminded to look at the latest LOCSU bulletin to access these.

**7. Treasurer's Report** **EG**

The report was circulated before the meeting. There was not much to report. We have received a grant from LOCSU (£738) to cover some of the time cost incurred from setting up the Cardiovascular Pilot in our area.

**8.CPD Planning Update** **SJR**

**(a) AGM and CPD event**

A planning meeting was held at the end of 2025. The AGM will include 4 CPD sessions and will start at 2pm. Lunch will be provided, and dinner together with the AGM halfway through the event to encourage attendance. Suggestions for topics are

(i)Low-dose atropine treatment for myopia control (recently approved in the UK). Session to be delivered by Santen Pharmaceutical, who market this product. The possibility of making this an IP session is to be investigated.

(ii)Dispensing session possibly occupational lenses from Essilor

(iii)Presentation by Moorfields Potters Bar. Subject to be finalised

(iv)Optom-lead session. Possibly urgent eye referrals. KM and AJ will approach various presenters to see if they have pre-written presentations.

The venue is yet to be decided, but Tewinbury was favoured as being fairly central in the area. SJR will be approaching possible sponsors.

**(b) Collaboration with Primary Care** **SR**

The questionnaire to go out to optoms, GPs and pharmacists in our area will be going out soon. KM suggested contacting Venki Sundaram (ophthalmologist at Luton & Dunstable and Harpenden) to get him involved as this would encourage GPs to attend.

**9.AGM Planning/committee rotations/elections** **SJR**

It was agreed to delay the meeting until the end of April to enable CPD presentations to be submitted and approved. Suggested dates were: (in order of preference)
Tuesday 29th April
Monday 27th April
Tuesday 21st April
One third of the Committee will be up for re-election. These members are KP, KSM, SR and EG. Application forms will be sent out to encourage new members. Contractors would be preferred to keep a balance.

**10. EyeV Update** **AJ**

**(a) EYE V Portal Adam Holliday (EveV Director)**

(i) Adam will categorise rejected referrals by NHS numbers to aid analysis of the issues.
(ii)NHS functionality has now been added. However, patients' personal identification data must be accurate to access numbers from NHS Spine. DSPT compliance is essential for practices to access the Spine. Adam has queried if cyber insurance would cover practices who are not compliant.
(iii) Rejected referrals can be rejected again by another provider if the NHS number is not included. Referrals marked on the system as "received" have not necessarily been read. Portal status will only be updated if the referral is read and "accepted".
(iv) If a patient cancels or fails to attend an appointment this does not appear on the system.
(iv) Online reporting function now generates a ticket number to assist case tracking and support.
(v) Provider matrix is regularly updated.
(vi) EyeV will receive a one-year extension to their contract starting April 2026, due to ICB changes.
(vii) RNIB is expected to gain a direct link on EyeV (approved by the ICB). A non-clinical support pathway will allow contact with the RNIB whilst waiting for ECLO referral.
(viii) Adam has recommended that Sarah Zaher (WHTH lead) deliver a CPD session on urgent referrals to reduce inappropriate emergency or urgent requests.

**(b)Uche Anamandu (Senior Commissioning Manager)**

(i) Delays in cataract referrals will be shared with the LOC
(ii) WHTH referral rejections and urgent referral capacity are being addressed.
(iii) Uche met with ISPs re. SPOA. Wet ARM patients are referred to the nearest provider if no choice is specified and are not always seen within 48hours.
(iv) Uche suggested that Trusts could redirect rejected referrals to an ISP, but JB pointed out this could lead to bias.
(v) CHEC now have the same contract terms as other ISPs.

**(c) Misc.**

(i) SpaMedica referrals must initially be made through EyeV. Post cataract appointments are via Medisoft; accredited practices can receive a fee for this.
(ii) Potters Bar Moorfields accept direct referrals from accredited practices. If a practice is not on their list referral can be made through EyeV with MPB chosen from the list.
(iii) WHTH is recruiting 4 new ophthalmology posts this year to improve capacity. It is not clear whether these posts are full or part-time.

(iv) Urgent referrals are triaged by CHEC. Cases are managed according to commissioning and the rest passed to the Trust.
(v) Glaucoma patients requiring SLT or surgery are experiencing delays in referral to the Trust as CHEC do not perform these procedures. The initial appointment for these pxs. should be with the Trust, and his problem is being addressed.

**(d) Committee Comments**
**(i)** Providers are able to upload an outcome letter onto the system, but this is not done. **JB**
JB referred a patient age 16yrs 1month onto the EyeV system (as an adult) and the system froze. She asked other members to monitor this issue.
**(ii) DSPT compliance** **SJR**
Cyber insurance providers will want practices to take all reasonable steps to reduce the risk (which would include DSPT compliance). Compliance takes 10-12 hours' work and there is no funding from the ICB; annual renewal is much easier.
JB suggested holding a training session/workshop to support practices with this project, or we could offer individual help if the number of practices involved is small. It is possible to identify which practices do not comply.
SJR will send a Mailchimp round to identify which practices require support to do this. (S&WH initially).

**11.LOCSU Update** **SJR/JB**
Restructuring within the ICB is continuing. 400 staff have applied for voluntary redundancy.
SJR will be organising a joint meeting with other LOCs in our new area (Central & East ICB: Herts, Beds, Luton, Milton Keynes and Cambridge).

**12.LOC Constitution Update** **SJR**
More changes have been made so a draft is not available yet. This will arrive soon with supporting documents. SR and SJR will meet to go through this in detail. One other member is needed to undertake this and volunteers were requested. Core sections of the constitution cannot be changed for legal reasons, but other schedules are more flexible.
It is unlikely that the document will be reviewed and approved by the AGM.

**13. LOCSU Update** **SJR & FK (by communication)**
Various events have been organised by LOCSU. JB and SJR asked members to let them know which ones they planned to attend. SJR asked SR to attend the Comms meeting.
LOCSU are developing an Academy to provide training between the introductory and leadership course levels. There is a link to this on the LOCSU website.

**14. AOB**
KSM said that he went to a meeting recently at Luton & Dunstable. They want more referrals from West Herts as their cataract business is down 50% due to ISPs. L&D are not on the EYEV list, but the hospital will accept email referrals from non-accredited optoms. Pre-op appointments are offered at 3 weeks with surgery at 5 weeks. JB asked KSM to check if funding has been agreed with the ICB for this route as there is a 14 week wait enforced with other providers.

**15. Date of next meeting**
This will be on Monday 23rd March 2026.
The meeting closed at 9.15pm