HERTFORDSHIRE LOCAL OPTICAL COMMITTEE

Monday 13th October 2025

COMMITTEE MEETING USING ZOOM

MINUTES

Present:

Jane Bunker (Chair) (JB)	Steve Roberts (Vice Chair) (SJR)	Karan Sai Malik (KSM)
Anita Jones (AJ)	Eileen Gay (Treasurer & Minutes) (EG)	Nisha Shah (NS)
Seema Raunier (SR)	Katie Patel (KP)	

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

2. Apologies for Absence
Kavita Kathuria (KK), Ash Patel (AP), Deepali Modha (DP), Sally Tucker (ST), Kush Mandavia (KM), Fionnuala Kidd (FK) {LOCSU}

SJR informed the meeting that ST wished to step down from the Committee as her input regarding CPD is now limited due to the changes in format. It was suggested that a gift voucher in appreciation of her 22 years of service to the LOC was appropriate and SJR will arrange this.

3. Declarations on Interest **SJR**
There were no new declarations. LOCSU are re-writing the declaration form and this will be circulated shortly.

4. Approve Minutes from the Committee Meeting 23rd June 2025
The minutes from the meeting were proposed as a true reflection of the meeting by SJR, seconded by NS, and approved.

5. Matters Arising
(a) Proposed training event for local GPs JB
A date in November has been fixed. W Essex GPs will also be invited.
(b) Zoom v Teams SJR
Zoom was used for this meeting as we have paid for one month's subscription. Teams will be used hereafter.

6. Chair's Report **JB**
(a) Cardiovascular disease
Meetings are ongoing. NHS England have commissioned Health Innovation South West (HISW) to evaluate the pilot schemes and data collection is now complete. We are reporting on the Herts Pilot to LOCSU, who are collating information from other LOCs. It is hoped that this input will help to shape the final service and maximise optometry involvement.
(b) HWE Steering Group

(i) The ICB informed the group that there is no new funding for E&NH post-cataract and MECS services. There is also no funding for a paediatric service.
(ii) H&WE ICB have produced a summary document in preparation for formation of the new ICBs in April, which was reviewed in September. {see (8)] Emphasis was made on optometry services, not just ophthalmology.
(iii) Hydroxychloroquine screening: Pathway is now running throughout the area.
(iv) ECLO service is running throughout the area (the only area in England where this is so).
(v) Out-of-hours service: there are links with Western Eye for S&WH. E&NH still has no service.
(vi) CHEC have reduced the fee for the post-cataract service from £65 to £53 due to financial pressures, and comparisons with other similar services elsewhere.
(c) ECLO presentation: this was very good and was also attended by nursing staff.
(d) EyeV Referral Pathways
The ICB has produced a graphical representation of current referral routes in Herts &WE, mainly to be used by providers, to try to make the process clearer.
In S&WH if a patient wishes to be referred to NewMedica or any other provider not on the EyeV list they can now contact the NHS e-referral service appointments line to request and book.
(e) PCCC meeting: future projects and funding discussed with GPs, dentists and pharmacists.
(f) Moorfields Potters Bar held an engagement event in October. Fees for pre- and post-cataract services have increased.
(g) LOCSU meetings and courses have been announced, including Membership Development Day (Monday 24th November, London), Glaucoma Clinical Delivery Group (for members), Treasurer's Forums (Oct. & Nov. online), WOPEC Leadership Skills (Oct. & Nov. online)
(h) Advised a practitioner on closing her practice.

7. Treasurer's Report **EG**

This was circulated before the meeting.
Newmedica (Specsavers) have paid their sponsorship money for the AGM & CPD event in April.
We have finally managed to register with HMRC for corporation tax. Tax has been paid for 2024 and hopefully we will not incur any interest as we were only a day late! Any "profit" or "loss" for the year is now technically held in a "reserve" account so that we do not pay tax on this, as well as on the interest received on our deposits. Advice from LOCSU has been somewhat slow but has confirmed the advice we have already received from our auditors. The auditors' fee for last year has increased as they now have to submit a corporation tax return for us, and our own accountant has also done some work on this, but the interest we earned on the deposit account is still greater than the expenses incurred. Hopefully next year will be more straightforward!

The 2024 accounts were circulated before the meeting.
Acceptance was proposed by SJR, seconded by KM, and approved.

8. CPD planning update/collaboration with GPs **SR**

(a) SR has been attending GP networking events and hopes to make contact with GPs in our area to promote optometry as part of the NHS 10 year plan for Primary Care. The GP engagement questionnaire will go out soon; this requests feedback from GPs on MECS and assesses their level of knowledge on red eye and other conditions, as well as what is and is not included as part of GOS.
We are hoping for meetings with Primary Care Services to promote MECS services in the future. Contact has been made with Dharmesh Patel, CEO of Primary Care Services.
(b) JB hopes to have meetings with the LOCs in our new area (which mirrors the new ICB "cluster") Our "cluster" is Central East ICB and covers Herts, Beds, Cambs & Peterborough, Luton and Milton Keynes. This is the largest grouping in England.

(c) ERS
The Electronic Records System (as used by GPs) has been extended to optoms in some pilot areas. Results will follow. This system allows access to the NHS Spine for Px details (see item 9)

9. EyeV Update **AJ**

SPoA (Single Point of Access) meeting was held on 8th October.
(a)There are issues with rejected referrals (1.46% for no NHS number, 2.24% for missing essential information). Practices need to check for rejected referrals and resubmit.
Patient information must match that held at the GP surgery, e.g. name, maiden name, address, dob, phone number, etc. If these details are not correct the patient must contact the GP surgery to update before the referral can go ahead. If the Pxs NHS number is unknown the referral must go to the GP. Pxs data can only be accessed directly through NHS Spine. Access to this can only be offered to practices who are up to date with their DSPT (Data Security Protection Toolkit). There are 200 practices (by ODS code) in Herts who have not completed this. (see (g)
(b) Provider Matrix: There are 23 providers, 14 Trusts, 9 ISPs + Optegra on the EYEV list. It has been requested to clarify that WHHT is Watford, ENHT is Lister and Newmedica, Welwyn. Hemel Hempstead will be removed as no eye treatment is carried out there.
(c)Feedback from EYEV portal users:
(i)Referrals are slow to submit
(ii) much admin time spent chasing referrals
(iii) support responses are slow. This is often because queries have to be answered by the provider. An acknowledgment email will now be sent to confirm receipt of query, and results will be audited for the next meeting (Dec 10th).
(iv) Patients not being contacted. Patients can ring the helpline after 4 weeks if their referral was urgent, 7 weeks if routine.
(v) Appointments can be booked, changed or cancelled using the phone line 0345 608 8888 Text phone 0345 850 2250
(d) Referral Pathways
S&WH only via EyeV. If referrals are sent directly, there will be no UBRN (unique booking reference number) which means that the provider will not be paid!
E&NH referrals can be sent direct or via GP
Feedback from providers: reports back to the optom are controlled by the provider. Providers will be given information on how to send clinic outcome reports on the SPoA portal.
(f) Cataract Waiting times: these are now 14 weeks for Trusts and 12 weeks for other providers, due to ICB budget restrictions.

A discussion then followed on DSPT.
SJR said that the process is very time-consuming and there is no funding available, which is probably why so many practices are not compliant. Renewal is also annual. However, this is in patients' interest, and for our own data security, so practices should be encouraged to complete this. KP suggested contacting the practices who have not completed this process (probably smaller, independent practices) offering support. SJR will ask LOCSU if there is support available from them. Any new contracts with the ICB will require DSPT, so we should make sure practices are ready.

10. ICB Update **JB & SJR**

There has been no progress on the provision of nhs.net email addresses.

11. Constitution Update **SJR**

Draft and amendments will be published this year. A sub-committee has been set up, and SR has volunteered to take part, with SJR and JB (KSM?). One more member is required. They will read through the document, make suggestions and report back to the next Committee meeting. The draft will be sent round to all Committee members, and this will be discussed at the meeting. JB suggested that the invitation to join the sub-committee would be put on the Whatsapp group so that members who were unable to attend this meeting would be included.

12. LOCSU Update **SJR**

LOCSU are concentrating on increasing engagement and communication. A number of study days and courses have been held.

13.AOB

(a) Out-of-Hours Service E&NH Update **KK (by email)**

Emergency referrals can be sent on Saturday mornings direct to the Lister. A letter needs to be sent with the patient, as any emails will not be read until Monday.

Lister have agreed an arrangement with Moorfields so that they can liaise and decide if the patient needs to be sent to Moorfields or they can wait until Monday and be seen at Lister.

QE11 has slit lamps but no eye doctors, so referral here is not recommended.

SJR said that we need more detail on these new arrangements for Out-of-Hours services.

(b) SJR personal update: SJR advised the Committee that from next year he will be spending more time on LOC work and is aware that he needs to rebalance his various jobs.

A Strategy Day for the LOC will be programmed for 2026.

(c) AGM/CPD Event

This is planned for March. Optom-lead is favoured and topics were requested. It was suggested that a longer event could work, 6-9 CPD points, starting in the afternoon and continuing into the evening, with the AGM in the middle (to improve attendance), and a break for dinner. Attendance would be flexible.

Thea are keen to present and will also sponsor, provided IP optoms are present. SJR requested a dispensing presentation. Hoya and Essilor were also suggested as possible presenters and sponsors. Sponsorship means less work for the LOC and reduced costs, but perhaps less control over content.

SJR will send a Whatsapp poll for comments. The event will need to be advertised in January. The CPD Sub-Committee will reconvene to discuss. (DM, SR, ST, with SJR).

14. Date of next meeting

12th January was proposed and a Whatsapp poll will be sent.

The meeting closed at 9.25pm

The Hertfordshire LOC represents all NHS Optometrists