HERTFORDSHIRE LOCAL OPTICAL COMMITTEE

Monday 23rd June 2025

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 Raunier (SR)
Ash Patel (AP)	Kush Mandavia (KM) {joined later}	

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

2. Apologies for Absence

Katie Patel (KP), Fionnuala Kidd (FK) {LOCSU},

3. Declarations on Interest

SJR will be sending declaration forms round shortly.

DM advised the meeting that her position on the GOC Council Associate programme has now come to an end.

NS said that she is now Regional Lead for CHEC.

4. Approve Minutes from the Committee Meeting 11th March 2025

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

JB and SJR have agreed to meet 3 weeks prior to Committee meetings to organise paperwork.

5. Approve Minutes from the AGM 1st April 2025

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

6. Matters Arising

There were no matters arising.

7. Social Media **SR**

Our Linkedin page now has 131 members, which is more than many other LOCs.

8. Charity Event Planning **SR**

We have a RNIB CPD event planned for September (Zoom or Teams). ECLOs, Herts Vision Loss and Sensory Services are also involved.

It was suggested (JB and SR for LinkedIn) that patients could be invited to share their views and stories, provided the appropriate consents are obtained.

9. Collaboration with Primary Care **SR**

SR has now completed her LOCSU Leadership Course.

She would like to send a questionnaire to optoms, GPs and pharmacists in our area to see if they would like to engage in joint training events (such as for red eye). On-line format is preferred. An initial poll with these groups has been encouraging.
These sessions could include explanation of what is covered by GOS and why patients are charged for other services. This is often an area of confusion for other healthcare professionals.
JB said that the H&WE Training Hub has invited the LOC to do a presentation on GOS in October/November, with lunchtime and evening slots. SR will contact them.
A meeting is to be planned with JB, SJR and SR to take this forward.

10. Treasurer's Report **EG**

This was circulated before the meeting.
The percentage of GOS fees requested by LOCSU has been reduced from 0.5% to 0.4% as from April this year, which will mean additional income retained by ourselves each month
Payment from Newmedica (Specsavers) for sponsorship of the CPD event in April has still not been received.
Registration with HMRC for Corporation tax prior to declaring interest on our deposit account for 2024 has still made no progress. A meeting with JB, SJR, KM and EG is planned to try to move this forward. 2024 accounts have therefore still not been signed off by the auditors.
LOCSU will be sending a lump sum grant to cover the loss of domiciliary statutory levy fees, as they did last year. We are due to receive £207.29.

11.Elections for Officers Roles **SJR**

No volunteers have come forward to take over the roles of Chair, Vice-Chair and Treasurer, so JB, SJR and EG were returned for another year.

12. Other roles and Committee working

JB and SJR need to share their workloads.
The new triage service in S&WHerts provided by EyeV (who have taken over from CHEC) is causing significant problems with referrals for optoms. AJ has been involved with this and volunteered to be the EyeV Lead . (See item 17).
DM asked if committee meeting material could be circulated beforehand to improve the flow of meetings.

13.LOCSU Update **SJR**

All spaces at the NOC this year were funded by LOCSU.
Essex ICB is due to become a unified authority in 2026. Herts, Beds, Luton, Milton Keynes and Cambridge may also unify then.

14.LOC Constitution **SJR**

The new Constitution has been published but work is still ongoing.
SJR suggested a sub-committee/steering group be established to examine this in detail, or the document could be sent round to all members to be scrutinised. If the document is to be approved before the next AGM an EGM will be required.

15. NOC Update **AJ/KK**

6 Committee members attended, AJ, SJR, SR, JB, DM and KK.
The LOCSU strategy 2025-28 was presented.
Workshops included: -
(a) UK Data Eye Care Hub: (available on the College website) demonstrated how the optom workforce can support secondary care.
(b) Case studies on CUES, glaucoma filtering, pre and post cataract, paediatric shared care, and piloting SPoA (sharing data to improve referral triage). This included a presentation from SJR

using Herts LOC data to demonstrate how auditing what comes into an optician's practice and what arrives at A&E can be used to help influence the importance of a MECS/CUES service.
(c) Ocular discomfort audit
(d) Glaucoma Referral Enhanced Service analysis
(e) Community Ophthalmic Link (Gloucester LOC), illustrating sharing of HES and GP electronic records/images in real time).
(f) Practice-based research (support available from the College)
(g) AI workshop
The different types of AI were explained.
Free AI tools share data; most, but not all, paid-for systems do not.
From an environmental point of view, AI tools use more energy than a Google search.
SJR added that LOCSU have investigated this and recommend CoPilot (Office 365) and Google Gemini Business Version. SJR will be changing our meeting platform to Microsoft Teams rather than Zoom as there is better security with this system.

NOC Reports will be added to our Linkedin page by SR.

16. EyeV/WHHT/ICB/LOC meeting update **AJ/JB**

(a) EyeV

SPoA with digital triage was introduced on 1st April.
102+ practices and ISPs are registered with EyeV.
All cataracts are classed as routine, even when considered urgent by the referrer. Patients can now choose the same provider for YAG laser if required.

EyeV IT issues

(i) Referrals have been rejected if there is no NHS number. An NHS link to check numbers has now disappeared.
(ii) Uveitis cases have been triaged for 3 weeks when sent as urgent. Urgent cases (<7 days) should be sent directly to WHHT. These referrals will now be triaged by CHEC to ease pressure on WHHT and the urgent ones which need to be seen by the Trust, are sent over.
(iii) Referrals can be rejected due to Trust capacity or if providers are out of the area (e.g. VR needs to go to MEH or Lister). The link to request these providers has now disappeared from the portal.
(iv) VR referrals need to be clarified to ensure the patient is sent to the appropriate provider. VR refers to macular hole, Vitro-retinal traction, moderate epiretinal membrane and retinal detachment. Data regarding how quickly these patients are seen is not available yet.
(v) Multiple-condition referrals are problematic.
(vi) This all means extra work and decision-making for optoms.
(vii) AP said it is difficult to track patients through the system following referral. Urgent referrals are not actioned for several weeks.
(viii) The Support Line is ineffective.
(ix) Referrals take much longer now. Rejected referral notifications should be flagged up, but this is not happening, so optoms may be unaware for some weeks.
(x) JB, SJR and AJ have requested a meeting with Uche Anamadu, Senior Commissioning Manager, H&WE ICB to discuss these problems. JB asked optoms to report any difficulties they may have with the new system.

(b) WHHT

On Friday 1.50pm on 13th June WHHT reached full capacity; at 4.16pm normal service was reported to be available from Monday 16th am. JB has reported this as a patient safety issue.
(c) Discussions are ongoing regarding clinical triage rather than digital, direct referrals, and funding for enhanced schemes.

17. E&NH Update with ICB **JB**

There have been no oversight group meetings since February, although JB is still in touch.

18. E&NH Update **KK**

JB informed the meeting that the email triage service at the Lister for emergency referrals stops at 5pm although the emergency service itself is open until 7pm and is also not available Saturday mornings. She has flagged this up as a patient safety issue as there is no alternative provider in the area but has received no response from the Trust. KK will take this up with E&NH but said this is probably due to staffing issues.

19. ECLO at Lister

Linda is the new ECLO at Lister. She has severe sight loss herself and is proving to be an excellent addition to the clinic. Her email address will be shared after the RNIB CPD event. The ECLO at St Albans Hospital is James. SJR will send their contact details round via Mailchimp when available.

20. Specsavers Update **KP (via written report)**

(a) Hypertension Pilot

Uptake has improved since the qualifying age has been changed to over 18. The payment method has been changed so that remuneration is received in advance, based on the previous month's activity. This methodology will need to be reviewed if the pilot is extended.
Submissions must be made manually via a spreadsheet which is time-consuming; a portal would speed this up and payments could be tracked more efficiently.
Better engagement is needed with patients who are not attending for routine refraction.
There is also only one local pharmacy open 7 days a week. A list of available stores would be helpful should a high reading be found on a Sunday.
SJR said that LOCSU now have 3 part-time CPD leads who will support LOCs where these pilots are running and share good practice. If these pilots are successful, the scheme may be rolled out nationally.

(b) Newmedica

On 1st June Newmedica were rejecting referrals to the WGC site due to confusion over the EyeV contract. This has now been sorted, and direct referrals have resumed.

(c) NHS emails

Some Specsavers locums do not have nhs.net email addresses, and referrals are being made via the contractor's email. SJR said that LOCSU will shortly be issuing instructions on how to obtain these addresses.

21. CPD Planning second half of 2025 **SJR**

The CPD sub-committee is SJR, JB, DM and SR. They will arrange to meet up shortly. SJR reminded members that LOCSU can help with GOC points approval.
The RNIB event is planned for September; they have been pressing us to set a date. Options of September 15th, 16th, 22nd and 23rd will be submitted.
SJR asked for ideas for other events. KM has offered to do a presentation on red eye. It was decided to take this forward, with the help of LOCSU on accreditation.
JB has been offered the use of a venue at no charge above a car showroom and will be looking into this as an option.

22. AOB

(a) Paediatric Pathway **SJR**

Steve, on behalf of Herts LOC, has given a presentation to the ICB on delays in ENH and PAH paediatric care (when patients are referred following a school eye test). 3 case studies were submitted highlighting improvements in patient care when optoms are involved to help reduce referrals to secondary care. The ICB is reported to be interested.

SR works part-time at PAH. PAH Trust now has 4 optoms (not full-time) so they are catching up with the Paed backlog. At present, they are using a locum orthoptist.
The waiting list is currently 9/12 at ENH, due to staff shortages, and 14/12 at PAH

(b) Social Event
SR volunteered to hold a social event for members at her house in August, incorporating a Committee Meeting. SJR will send a poll to assess suitable dates.

The meeting closed at 9.30pm